

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043529

STATE FILE NUMBER

Registration District No. 226 Primary Registration District No. 5818 Registrar's No. 733

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 4 1962		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Morgan</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mareau Township</u>		c. CITY OR TOWN <u>Versailles</u>		d. STREET ADDRESS (If outside, give location) <u>10 M. E. Versailles</u>	
Length of stay in lb <u>Lifetime</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		a. STATE <u>Mo.</u>		b. COUNTY <u>Morgan</u>	
3. NAME OF DECEASED (Type or print)		First <u>Wade Franklin</u>		Middle <u>Forworthy</u>		Last <u></u>	
4. DATE OF DEATH		Month <u>November</u>		Day <u>30</u>		Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col.</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-22-93</u>	9. AGE (last birthday) <u>68</u>	IF UNDER 1 YEAR	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (City and state or country) <u>Morgan Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James C. Forworthy</u>			13b. MOTHER'S MAIDEN NAME <u>Laura B. O'Neal</u>			14. NAME OF HUSBAND OR WIFE <u>Never Married</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W.</u>			16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT <u>Johnnie Forworthy, Versailles, Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)						INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:						<u>5 months</u>	
IMMEDIATE CAUSE (a) <u>Cancer of stomach</u>							
DUE TO (b) <u></u>							
DUE TO (c) <u></u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days.	
						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY		Hour <u></u> a.m. <u></u> p.m.		Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Aug 3, 1962</u> to <u>Nov 30, 1962</u> and last saw him alive on <u>Nov 29, 1962</u>							
Death occurred at <u>5A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Kenneth Latham M.D.</u>				22b. ADDRESS <u>California, MO</u>		22c. DATE SIGNED <u>11-30-62</u>	
23a. BURIAL INFORMATION, REMOVAL (Specify)		23b. DATE <u>2 Dec. 62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Hopewell Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Morgan Co., Mo.</u>	
24. FUNERAL DIRECTOR <u>Kidwell Funeral Home Versailles, Mo.</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>12-1-62</u>		26. REGISTRAR'S SIGNATURE <u>J. L. Washburn</u>	

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DEC 5 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Raymond C. Gardner

Licensed Embalmer No. 4626

P. O. Address Versailles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.