

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002290

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

Registration District No. 174 Primary Registration District No. 5644 Registrar's No. 8

**FILED FEB 1 1963**

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) <b>Missouri</b> b. COUNTY <b>Lafayette</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Lexington Twnship</b>		Length of stay in 1b <b>30 Years</b>	c. CITY OR TOWN <b>Wellington, <del>Missouri</del></b>
c. FULL NAME OF (If NOT in hospital, give location) <b>Home (3 Mi. S.E. Wellington)</b>		Inside Limits <b>Yes</b>	d. STREET ADDRESS (If outside, give location) <b>3 Mi. S.E. Wellington</b>
3. NAME OF DECEASED (Type or print) <b>VELMA FORSHA</b>		4. DATE OF DEATH Month <b>January</b> Day <b>19</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>30, 1905</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	9. AGE (last birthday) <b>57</b>
11. BIRTHPLACE (City and state or country) <b>Napton, Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Francis Kratzer</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Bysart</b>	
14. NAME OF HUSBAND OR WIFE <b>Martin Forsha</b>		17. INFORMANT Address <b>Mr. Martin Forsha Wellington, Mo</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hypertensive Cardiovascular Disease - Congestive Failure</b>			INTERVAL BETWEEN ONSET AND DEATH <b>8 yrs</b>
DUE TO (b) <b>[REDACTED]</b>			
DUE TO (c) <b>[REDACTED]</b>			
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 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 <b>[REDACTED]</b> Month, Day, Year <b>[REDACTED]</b>	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 <b>1946</b> to <b>1-19-63</b> and last saw her/him alive on <b>1-11-63</b> . Death occurred at <b>6:00 A.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Joe W. Ward</b> (Degree or title) <b>M.D.</b>		22b. ADDRESS <b>Lexington, Mo</b>	
22c. DATE SIGNED <b>1-22-63</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1-22-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Lexington, Mo.</b>
24. FUNERAL DIRECTOR <b>Vaughn-Walker Lexington, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>1-22-63</b>	26. REGISTRAR'S SIGNATURE <b>[Signature]</b>

**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 Harold L. Walker

Licensed Embalmer No. 4588

P. O. Address Lexington, 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.