

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-015015

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 562 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED MAY 13 1963**

1. PLACE OF DEATH  
a. COUNTY **Buchanan**  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Joseph,** Length of stay in 1b **Most of Life**  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Meth. Hosp. & Med. Center** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY **Buchanan**  
c. CITY OR TOWN **St. Joseph,** Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) **1024 Lincoln Street** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **WILLIAM** Middle **E.** Last **FORBES**  
4. DATE OF DEATH Month **May** Day **2,** Year **1963**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **July 4, 1886** 9. AGE (last birthday) **76**  
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Ret. Employee** 10b. KIND OF BUSINESS OR INDUSTRY **Stuppy Floral Co.** 11. BIRTHPLACE (City and state or country) **Maitland, Missouri** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Ira Forbes** 13b. MOTHER'S MAIDEN NAME **Mary McClellan** 14. NAME OF HUSBAND OR WIFE **Evelyn Forbes**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 17. INFORMANT Address **Mrs. Evelyn Forbes - St. Joseph, Missouri**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Pulmonary embolus** INTERVAL BETWEEN ONSET AND DEATH **3 hrs**  
DUE TO (b) **Prostatic surgery (TUR)** **2 days**  
DUE TO (c) **Obstructive uropathy** **1 week**  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Arteriosclerotic heart disease**  
PART III: If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.  
20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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 **October 1962** to **5/2/62** and last saw her alive on **5/2/62**  
Death occurred at **5:00 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **H.A. Curran, M.D.** 22b. ADDRESS **1302 Edison St. Joseph, Mo.** 22c. DATE SIGNED **5/3/63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **May 4, 1963** 23c. NAME OF CEMETERY OR CREMATORY **Memorial Park Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Joseph, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Meierhoffer-Fleeman Inc., St. Joseph, Mo.** 25. DATE RECD. BY LOCAL REG. **May 8, 1963** 26. REGISTRAR'S SIGNATURE **Mrs. Clark Standell**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF **H.A. Curran, M.D.**

USE BLACK INK OR TYPEWRITER RIBBON

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Permit valid 5.2.63

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**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 *Lyle J. Blaney*

Licensed Embalmer No. 2679

P. O. Address St Joseph, 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.