

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26038**

FILED JUL 20 1953

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>3059</u>		Registrar's No. <u>248</u>		
1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BONNE TERRE</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BONNE TERRE</u> <u>0941</u>		d. STREET ADDRESS (If rural, give location) <u>207 HILL ST.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>207 HILL ST.</u>				d. STREET ADDRESS (If rural, give location) <u>207 HILL ST.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRED</u>			b. (Middle) <u>MARVIN</u>		c. (Last) <u>FORSHEE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 12, 1953</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 1, 1894</u>		9. AGE (In years last birthday) <u>59</u>	UNDER 1 YEAR Month <u>1</u> Day <u>27</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CRUSHER OPERATOR ST. JOSEPH LEAD CO.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>IRON MOUNTAIN, MO.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN WESLEY FORSHEE</u>			13b. MOTHER'S M maiden name <u>JANE CAMPBELL</u>		14. NAME OF HUSBAND OR WIFE <u>EDNA FORSHEE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, list or unknown) (If yes, give war or status of service) <u>YES WORLD WAR I</u>		16. SOCIAL SECURITY NO. <u>490-03-1536</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>EDNA FORSHEE BONNE TERRE MO</u>				
19. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>7-12, 1953</u> , to <u>7-12, 1953</u> , that I last saw the deceased alive on <u>July 12, 1953</u> , and that death occurred at <u>11:45 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>33 N. Allen, Bonne Terre, Mo.</u>		23c. DATE SIGNED <u>7/14/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 17, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BONNE TERRE</u>		24d. LOCATION (City, town, or county) (State) <u>BONNE TERRE MO</u>			
DATE REC'D BY LOCAL REG. <u>July 14, 1953</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>[Address]</u>		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 11 1954

DEC 28 1954

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
Student Embalmer

Signed *Alvin J. Raymond*

Licensed Embalmer No. 3706

P. O. Address Board Street 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 this body is not embalmed, fact should be so stated above.