

94
FILED MAY 13 1940MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15972

Do not use this space.

1. PLACE OF DEATH

(a) County St. Francis Registration District No. 773
(b) Township St. Francois Primary Registration District No. 6015A Registered No. 88
(c) City Farmington (d) Street No. State Hospital #4 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. / mos. 7ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

660 CALVIN Q. VORE
(a) Residence, No. Becker, Mo. St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 22 1867
7. AGE YEARS 72 MONTHS 4 DAYS 24 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Campbell Mo
Missouri

FATHER 13. NAME John H. Vore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Jane Crook Vore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Records of State Hospt. #4
(ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Campbell Mo DATE 4-18 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Jeannan Funeral Home
Piggott Arkansas

20. FILED April 17, 1940 W. J. Robinson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-16, 1940

22. I HEREBY CERTIFY, That I attended deceased from 3-8, 1940, to 4-16, 1940

I last saw him alive on 4-16, 1940. Death is said to have occurred on the date stated above, at 8:00 p.m.

The principal cause of death and related causes of importance were as follows:

Senile psychosis Date of onset 1 yr +
(terminal cerebral softening - cerebral thrombosis) 12/19

Other contributory causes of importance:

Hypertensive heart disease
General arteriosclerosis (arterial)
Skull fracture (April - 30)

Name of operation No Date of No
What test confirmed diagnosis Autopsy Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury April 1, 1939
Where did injury occur? Franklin Co. Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Auto accident
Nature of injury Skull fracture

24. Was disease or injury in any way related to occupation of deceased? Yes
Also, specify Yes
(Signed) Geo. Tavis Graves, Jr. M. D.
(Address) Farmington, Mo.

STATEMENT BY LICENSED EMBALMER

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I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Raymond Crews

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Raymond Crews

Licensed Embalmer No.

3467

P. O. Address

Piggott Ark

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, above space should be left blank.