No. 300
10.48

FILED JAN 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

857

State File No.

BIRTH NO. REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5450 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY: Gentry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Albany Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Gentry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Albany Rural
d. STREET ADDRESS (If rural, give location): 1360

3. NAME OF DECEASED (Type or Print)
a. (First): David
b. (Middle): N.
c. (Last): Fore

4. DATE OF DEATH (Month) (Day) (Year): Jan 14-1952

5. SEX: Male
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 22-1868
9. AGE (In years last birthday): 83 — If under 1 year: Months 6, Days 22 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Gentry Co Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: H. B. Fore
13b. MOTHER'S MAIDEN NAME: Melissa Robertson
14. NAME OF HUSBAND OR WIFE: Alice Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs N. B. Gilm — **ADDRESS**: Albany Mo

18. 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 years.

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1-14-, 1951, *to* 1-14-, 1952, *that I last saw the deceased alive on* 1-14-, 1952, *and that death occurred at* 7:15 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Frank H. Rose — (Degree or title): M.D. — **23b. ADDRESS**: Albany, Mo. — **23c. DATE SIGNED**: 1-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-17-52
24c. NAME OF CEMETERY OR CREMATORY: Berlin
24d. LOCATION (City, town, or county) (State): Gentry Co Mo

DATE REC'D BY LOCAL REG.: Jan 19-52
REGISTRAR'S SIGNATURE: Maude Williams 1462-0
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible] — **ADDRESS**: Albany Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 20 1960

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 me

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Clifford Brown

Licensed Embalmer No. 3329

P. O. Address Albany 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.