

No. 300 **MAY 26 1952**
 10.48

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **17176**

BIRTH NO. _____ REG. DIST. NO. **187** PRIMARY REG. DIST. NO. **3040** Registrar's No. **75**

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Livingston	
b. CITY OR TOWN Chillicothe		c. CITY OR TOWN Chillicothe 0592	
c. LENGTH OF STAY (in this place) 16 yrs.		d. STREET ADDRESS (If rural, give location) 351 Martin St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 351 Martin St.			

3. NAME OF DECEASED (Type or Print) a. (First) ADDIE b. (Middle) BELLE c. (Last) PETERS			4. DATE OF DEATH (Month) (Day) (Year) May 21, 1952		
5. SEX Fem.		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH June 20, 1873		9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Livingston Co., Mo.	
12. CITIZEN OF WHAT COUNTRY? USA				13. FATHER'S NAME William H. Forqueran	

13b. MOTHER'S MAIDEN NAME Lutitia Coburn		14. NAME OF HUSBAND OR WIFE XX	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. XX	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Henry Haynes		ADDRESS Chillicothe, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		DUE TO (b) Arterio Sclerosis		2 mo	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		5 yrs	
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 <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) 331X	
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 **March 24, 1952**, to **May 21, 1952**, that I last saw the deceased alive on **May 20, 1952**, and that death occurred at **5:45 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. Calver M.D.		23b. ADDRESS Chillicothe, Mo.		23c. DATE SIGNED May-23-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 23, 1952		24c. NAME OF CEMETERY OR CREMATORY Burnside cemetery	
24d. LOCATION (City, town, or county) (State) Livingston, Co., Mo.					

DATE REC'D BY LOCAL REG. May-23-52		REGISTRAR'S SIGNATURE Francis B Neill		25. FUNERAL DIRECTOR'S SIGNATURE Ronald Gordon	
				ADDRESS Chillicothe Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

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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
Student Embalmer

Signed Ronald Jordan

Licensed Embalmer No. 4191

P. O. Address Chillicothe, 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.