

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

9370

State File No. ....

FILED MAR 16 1953

BIRTH NO. _____		REG. DIST. NO. <u>120</u>		PRIMARY REG. DIST. NO. <u>4197</u>		Registrar's No. <u>34</u>	
1. PLACE OF DEATH a. COUNTY <u>Gentry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>			
b. CITY OR TOWN <u>Stanberry.</u>		c. LENGTH OF STAY (in this place) <u>20 yrs.</u>		c. CITY OR TOWN <u>Stanberry.</u>		<u>0380</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none.</u>				d. STREET ADDRESS (If rural, give location) <u>210 North Willow.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Herbert</u>			b. (Middle) <u>Daniel</u>		c. (Last) <u>Fore</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-11-1953</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>12-8-1879</u>		9. AGE (In years last birthday) <u>73.</u>	<input type="checkbox"/> UNDER 1 YEAR <input type="checkbox"/> UNDER 1 MONTH <input type="checkbox"/> UNDER 1 DAY <input type="checkbox"/> UNDER 1 HOUR <input type="checkbox"/> UNDER 1 MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer-Feed Salesman.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>same.</u>		11. BIRTHPLACE (State or foreign country) <u>Gentryville Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.G.</u>
13a. FATHER'S NAME <u>Warren Jacob Fore</u>			13b. MOTHER'S MAIDEN NAME <u>Rose Owen.</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret Fore.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>497-324119</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs Margaret Fore, Stanberry Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer Prostate.</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
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>177x</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>Nov</u> , 19 <u>52</u> , to <u>Mar 11</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Mar 10</u> , 19 <u>53</u> , and that death occurred at <u>11:15 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Paul C. Mischler, M.D.</u>			23b. ADDRESS <u>Stanberry Mo.</u>		23c. DATE SIGNED <u>3/13/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>		24b. DATE <u>March 14</u>	24c. NAME OF CEMETERY OR CREMATORY <u>High Ridge.</u>		24d. LOCATION (City, town, or county) (State) <u>Stanberry Missouri.</u>		
DATE REC'D BY LOCAL REG. <u>Mar. 13-53</u>		REGISTRAR'S SIGNATURE <u>Maudie Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>J. Evan Johnson Stanberry Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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APR 30 1953

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 \_\_\_\_\_

*J. Evan Johnson*

Student Embalmer No. *NA*

working under my personal supervision.

Student *NA* .....  
Student Embalmer

Signed

*J. Evan Johnson*

Licensed Embalmer No. *3492*

P. O. Address *Stanbery 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.