

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5783

FILED MAR 8 1955

State File No.

BIRTH NO.		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>5939</u>		Registrar's No. <u>42</u>	
1. PLACE OF DEATH a. COUNTY <u>Phelps</u> b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural W. Cold Spgs.</u> c. LENGTH OF STAY (in this place) <u>Life</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 63</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u> c. CITY OR TOWN <u>Vida</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> STREET ADDRESS (If rural, give location) <u>4 Mi. S. of Vida on H1Way 63</u> 0810			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>ALFRED</u> c. (Last) <u>FORE</u>		4. DATE OF DEATH <u>Feb. 26, 1955</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb. 20, 1874</u>		9. AGE (In years last birthday) <u>81</u>		10. IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Vida Missouri</u>		12. CITIZENRY OF WHAT COUNTRY? <u>USA</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retd. Farmer...Merchant, Farm and Groc.</u>		10b. KIND OF BUSINESS OR INDUSTRY	
13a. FATHER'S NAME <u>William Fore</u>		13b. MOTHER'S MAIDEN NAME <u>Katie Moore</u>		14. NAME OF HUSBAND OR WIFE <u>Flora Fore, (Deceased)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ezra Stogsdill</u> ADDRESS <u>Vida 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>coronary sclerosis & myocardial failure.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>carcinoma left testicle</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u> <u>3 mo.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		42014	
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) (Minute)	
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>past 6 mo</u> , to _____, 19____, that I last saw the deceased alive on <u>2-25-</u> , 19 <u>55</u> , and that death occurred at <u>11:30A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E. E. Fein</u> (380) (Degree or title) <u>D.M.P.O.</u>				23b. ADDRESS <u>Rolla Mo.</u>		23c. DATE SIGNED <u>2-28-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 1, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pilot Knob Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near: Vida, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 28, 1955</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Steele</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Null & Son Funeral Home</u> ADDRESS <u>By David E. Null Rolla, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 8 1955

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..... Signature of Student Embalmer

Signed..... Paul E. Nul

Licensed Embalmer No... 449

P. O. Address... Rolla,

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.