

FILED JUL 25 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21151

State File No. ....

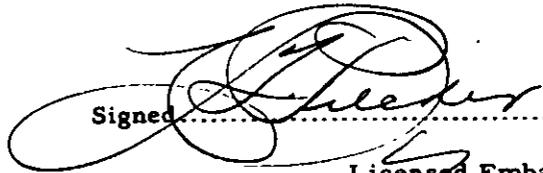
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 701

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>DeKalb #320</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Joseph 2</u>		c. CITY OR TOWN <u>Weatherley</u>	
c. LENGTH OF STAY (in this place) <u>14-16 1/2 days</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital no 2</u>		e. STREET ADDRESS (If rural, give location) <u>Rural</u>	
3. NAME OF DECEASED a. (First) <u>Shannon</u>		b. (Middle) <u>Hays</u>	
c. (Last) <u>Fore</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 12 1956</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>Feb 14 1876</u>
9. AGE (in years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>28</u>	IF UNDER 24 HRS. Hour <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Hays Fore</u>		13b. MOTHER'S MAIDEN NAME <u>not given</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary Opal Fore</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mary Opal Fore</u>		ADDRESS <u>Weatherley 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>Chr. Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4221</u>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>Jan 1</u> , 19 <u>53</u> , to <u>July 12</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>July 12</u> , 19 <u>55</u> , and that death occurred at <u>11:50</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Forrest Thomas M.D.</u>		23b. ADDRESS <u>State Hosp No 2 St Joe Mo</u>	
23c. DATE SIGNED <u>7/13-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>7-13-55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>SHAMBAUGH-COPE</u>		24d. LOCATION (City, town, or county) (State) <u>WEATHERLEY MO</u>	
DATE REC'D BY LOCAL REG. <u>July 14, 1955</u>		REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>	
FUNDERAL DIRECTOR'S SIGNATURE <u>Allison</u>		ADDRESS <u>FUNERAL HOME, Maysville</u>	
(Licensed Embalmer's Statement on Reverse Side)			

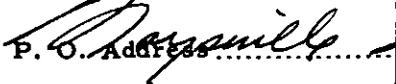
STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No. 38

P. O. Address 

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.