0.300
0.48

FILED APR 30 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

12693

State File No.

BIRTH NO. REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 42

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

1. PLACE OF DEATH
a. COUNTY: CLINTON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CAMERON
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): CAMERON, HOSPX.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI. b. COUNTY: CLINTON
c. CITY OR TOWN: RURAL SHOAL TWP.
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): S. W. CAMERON. 0250

3. NAME OF DECEASED (Type or Print) a. (First): MINNIE b. (Middle): AMOLIA c. (Last): FORE

4. DATE OF DEATH (Month) (Day) (Year): APRIL 20 1956

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JUNE 16 1885
9. AGE (In years last birthday): 70 — 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): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (City and State or Foreign Country): SHOAL TOWNSHIP CAMERON MO
12. CITIZEN OF WHAT COUNTRY? USE.

13a. FATHER'S NAME: ADAM LOOS
13b. MOTHER'S MAIDEN NAME: AMOLIA DIETZSCHOLD
14. NAME OF HUSBAND OR WIFE: CHARLES J. FORE.

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.
17. INFORMANT'S SIGNATURE OF NAME: Charles J. Fore. ADDRESS: CAMERON 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) (Carcinoma adeno-) Right Breast — INTERVAL BETWEEN ONSET AND DEATH: not determined

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.
chronic myocarditis & Generalized arteriosclerosis — 10 yrs

19a. DATE OF OPERATION: 3-28-56
19b. MAJOR FINDINGS OF OPERATION: adeno-Carcinoma Right Breast & metastases to [illegible] Edges [illegible] Hospital [illegible]
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): 170X

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* 4-11, 1956, *to* 4-20, 1956, *that I last saw the deceased alive on* 4-20, 1956, *and that death occurred at* 10:09 *m., from the causes and on the date stated above.*

23a. SIGNATURE: G F Netherton (Degree or title): MD
23b. ADDRESS: Cameron Mo
23c. DATE SIGNED: 4-25-56

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: APRIL 23, 56
24c. NAME OF CEMETERY OR CREMATORY: EVERGREEN.
24d. LOCATION (City, town, or county) (State): CAMERON, MO.

DATE REC'D BY LOCAL REG.: 4-28-56
REGISTRAR'S SIGNATURE: Winifred W. Moser
25. FUNERAL DIRECTOR'S SIGNATURE: DeMOSS CRUNK. ADDRESS: CAMERON, MO

(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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed [illegible]

Licensed Embalmer No. 253

P. O. Address Cameron

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