

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**=60-022649**

FILED VS JUN 20 1960

77

Registration District No. 3016 Primary Registration District No. 217 Registrar's No.

STATE FILE NUMBER

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) |   |
| a. COUNTY<br><b>COLE</b>   | a. STATE<br><b>MISSOURI</b>  |   | COUNTY<br><b>COLE</b>   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN<br><b>JEFFERSON CITY, MO.</b>     | Length of stay in 1b   | c. CITY OR TOWN<br><b>JEFFERSON CITY, MO</b>  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><b>201 BUCHANNAN</b> | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS<br>(If outside, give location)<br><b>201 BUCHANNAN</b>              | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|                                     |                       |                          |                       |                  |                      |                  |                     |
|-------------------------------------|-----------------------|--------------------------|-----------------------|------------------|----------------------|------------------|---------------------|
| 3. NAME OF DECEASED (Type or print) | First<br><b>HENRY</b> | Middle<br><b>BERNARD</b> | Last<br><b>FORCK.</b> | 4. DATE OF DEATH | Month<br><b>JUJE</b> | Day<br><b>10</b> | Year<br><b>1960</b> |
|-------------------------------------|-----------------------|--------------------------|-----------------------|------------------|----------------------|------------------|---------------------|

|                       |                                  |   |                                    |                                     |  |  |
|-----------------------|----------------------------------|---|------------------------------------|-------------------------------------|--|--|
| 5. SEX<br><b>MALE</b> | 6. COLOR OR RACE<br><b>WHITE</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>3/29/76</b> | 9. AGE (last birthday)<br><b>84</b> | IF UNDER 1 YEAR<br>Months <b>2</b> Days <b>11</b> Hours <b></b> Min. <b></b> | IF UNDER 24 HR<br>Hours <b></b> Min. <b></b> |
|-----------------------|----------------------------------|---|------------------------------------|-------------------------------------|--|--|

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|---|-----------------------------------|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>RETIRED LABORER</b> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country)<br><b>TAOS, MO.</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b> |
|---|-----------------------------------|--|---|

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|--|--|---|
| 13a. FATHER'S NAME<br><b>BERNARD FORCK</b> | 13b. MOTHER'S MAIDEN NAME<br><b>MARGARET RACKERS</b> | 14. NAME OF HUSBAND OR WIFE<br><b>ROSA MARIE SCHNEIDERS</b> |
|--|--|---|

|   |   |                                       |                           |
|---|---|---------------------------------------|---------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b> | 16. SOCIAL SECURITY NO.<br><b>490-09-5024</b> | 17. INFORMANT<br><b>A) Otto Forck</b> | Address<br><b>J C Mo.</b> |
|---|---|---------------------------------------|---------------------------|

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|--|------------------------------------|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY: |                                    | INTERVAL BETWEEN ONSET AND DEATH<br><b>days</b><br><b>year</b> |
| IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis</b>   |                                    |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.               | DUE TO (b) <b>Arteriosclerosis</b> |  |
| DUE TO (c)   |                                    |  |

|  |  |  |
|--|--|--|
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Arteriosclerosis Heart disease</b> |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
|--|--|--|

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|---|---|--|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
|---|---|--|

|   |                  |
|---|------------------|
| 20c. TIME OF INJURY<br>Hour<br>a.m.<br>p.m. | Month, Day, Year |
|---|------------------|

|  |  |  |                       |                     |
|--|--|--|-----------------------|---------------------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION<br><b>JEFFERSON CITY, MO.</b> | COUNTY<br><b>COLE</b> | STATE<br><b>MO.</b> |
|--|--|--|-----------------------|---------------------|

21. I attended the deceased from **1955** to **6/10/60** and last saw him alive on **5/30/60**  
Death occurred at **9 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

|  |                   |  |                                    |
|--|-------------------|--|------------------------------------|
| 22a. SIGNATURE<br><b>Francis V. Meier M.D.</b> | (Degree or title) | 22b. ADDRESS<br><b>Jeff. City, Mo.</b> | 22c. DATE SIGNED<br><b>6/11/60</b> |
|--|-------------------|--|------------------------------------|

|  |                             |   |   |
|--|-----------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b> | 23b. DATE<br><b>6/13/60</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>ST PETERS CEMETERY</b> | 23d. LOCALITY (City, town, or county)<br><b>JEFFERSON CITY, MO.</b> |
|--|-----------------------------|---|---|

|  |                           |   |   |
|--|---------------------------|---|---|
| 24. FUNERAL DIRECTOR<br><b>Sylvester Gulle</b> | ADDRESS<br><b>J C Mo.</b> | 25. DATE RECD. BY LOCAL REG.<br><b>14 June 1960</b> | 26. REGISTRAR'S SIGNATURE<br><b>R.P. Davis, MD - M. Richter</b> |
|--|---------------------------|---|---|

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Sylvester H. Hulle

Licensed Embalmer No. 432

P. O. Address Jefferson

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.