

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32484**

FILED NOV 2 1950

5. No. 300
11. 10.48

0013

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

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>289</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville, Mo.</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville,</u>		0013	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1511 E Jefferson St.</u>				d. STREET ADDRESS (If rural, give location) <u>1511 E Jefferson, St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HALLIE</u>		b. (Middle) <u>ELLSWORTH</u>		c. (Last) <u>FORQUER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 25, 1950</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>March 2, 1873</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>		11. BIRTHPLACE (State or foreign country) <u>Warren County, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charles Forquer</u>		13b. MOTHER'S MAIDEN NAME <u>Angeline Fort</u>		14. NAME OF HUSBAND OR WIFE <u>Edith (Downing) Forquer</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 ADDRESS <u>Mrs. Edith Forquer, 1511 E Jefferson, Kirkville, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute circulatory failure</u> ANTECEDENT CAUSES DUE TO (b) <u>acute myocardial infarction</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>coronary thrombosis</u> II. OTHER SIGNIFICANT CONDITIONS Coexisting arteriosclerosis Conditions contributing to the death but not related to the disease or condition causing death. (senility)				INTERVAL BETWEEN ONSET AND DEATH <u>approx. 1 hour</u> <u>approx. 2 1/2 hrs</u> <u>several years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>--</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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>420</u>			
22. I hereby certify that I attended the deceased from <u>October 25, 1950</u> , to <u>October 25, 1950</u> , that I last saw the deceased alive on <u>October 25, 1950</u> , and that death occurred at <u>11:07 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John Robert Roderick D.O.</u>				23b. ADDRESS <u>104 1/2 N. Franklin St.</u>		23c. DATE SIGNED <u>10-27-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-28-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland Park Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Kirkville, Mo</u>		
DATE REC'D BY LOCAL REG. <u>10-28-50</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert '0</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robert B. Davis, Kirkville, Mo.</u>			

Date Received: OCT 31 1950
DISTRICT HEALTH OFFICE #2
District File Number 10-56-180
Date Filed: OCT 31 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Robert B. Davis

Signed

Student Embalmer

Licensed Embalmer No. 4219

P. O. Address. Kirksville, 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.