

FILED APR 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13130
20

BIRTH NO. _____ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 5153 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kingston, Mo. Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alice</u> b. (Middle) <u>Clark</u> c. (Last) <u>Fort</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4</u> - <u>10</u> - <u>1951</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>never married</u>	
8. DATE OF BIRTH <u>3-16-1867</u>		9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Kingston, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Thomas C. Fort</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Mc Kinnie</u>	
14. NAME OF HUSBAND OR WIFE		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 OR NAME <u>Miss. Fannie Fort, Kingston, Mo.</u>		ADDRESS			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		DUPLICATE OF (b) <u>Arteriosclerotic Heart Disease</u>			<u>2 Hours</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (c) <u>Hypertension</u>			<u>5 hrs. +</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<u>5 hrs. +</u>	

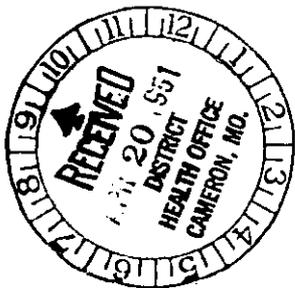
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kingston, Caldwell Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4200</u>	

22. I hereby certify that I attended the deceased from January, 1947, to 4-10-, 1951, that I last saw the deceased alive on 4-7-, 1951, and that death occurred at 1 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank R. Daley, M.D.</u> (Degree or title)		23b. ADDRESS <u>Hamilton, Missouri</u>		23c. DATE SIGNED <u>4-12-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>4-12-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kingston Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Kingston, Missouri</u>		DATE REC'D BY LOCAL REG. <u>Apr 15-51</u>		REGISTRAR'S SIGNATURE <u>Shelby Jones</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Cramer Clark</u>		ADDRESS <u>Kingston, Mo.</u>			

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

13130
1



APR 21 1954

APR 17 1954
APR 20 1954

MAY 6 1954

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.

Signed.....
Student Embalmer

Student Embalmer No. 3257

Signed *Cramer Clark*

Licensed Embalmer No. 3257

P. O. Address *Kingston, 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.