No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16024

FILED JUN 2 1952

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 80

1. PLACE OF DEATH
a. COUNTY: Franklin.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington.
c. LENGTH OF STAY (in this place): 5 das.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California. b. COUNTY: San Jacquin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lodi, Calif. 8040
d. STREET ADDRESS (If rural, give location): R. #2, Box #386.

3. NAME OF DECEASED (Type or Print): a. (First) Claude b. (Middle) Elmo c. (Last) Fore

4. DATE OF DEATH (Month) May (Day) 28th (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 18, 1890
9. AGE (In years last birthday): 61 — If under 1 year: Months 8 — Days 10 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming.
10b. KIND OF BUSINESS OR INDUSTRY: x
11. BIRTHPLACE (State or foreign country): Lodi, Calif.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Millard Fore.
13b. MOTHER'S MAIDEN NAME: Eliza Demaretta.
14. NAME OF ~~HUSBAND OR~~ WIFE: Nellie Fore.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): x
16. SOCIAL SECURITY NO.: None.
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Nellie Fore — ADDRESS: Lodi, Calif.

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.

5

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 5 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) gangrenous appendicitis — 6 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Peritonitis

19a. DATE OF OPERATION: 5-25-52
19b. MAJOR FINDINGS OF OPERATION: Perforated gangrenous appendicitis 5501
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)
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* _____, 1952 *to* 5-28, 1952 *that I last saw the deceased alive on* 5-28, 1952 *and that death occurred at* 10:20 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lammerich M.D.
23b. ADDRESS: 205 Elm Washington Mo.
23c. DATE SIGNED: 5-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 5
24b. DATE: 5/30/52
24c. NAME OF CEMETERY OR CREMATORY: Lodi y California
24d. LOCATION (City, town, or county) (State): Lodi, Calif.

DATE REC'D BY LOCAL REG.: May 29, 1952
REGISTRAR'S SIGNATURE: L.P. Hudman y G.L.P. Hudman 99-0
25. FUNERAL DIRECTOR'S SIGNATURE: Hieburg & Vitt, Inc. — ADDRESS: Washington, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 .....
Student Embalmer

Signed Jerome F. Swoboda

Licensed Embalmer, No. 4507

P. O. Address Washington

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.