. Health,
& Welfare
. Public
h Service

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED APR 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15911
STATE FILE NUMBER

Registration District No. 352 Primary Registration District No. 6189 Registrar's No. 29

1. PLACE OF DEATH
a. COUNTY: TANEY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Forsyth — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Home Forsyth — Length of stay in 1b: 12 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: TANEY
c. CITY OR TOWN: Forsyth 1060 — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): rural Forsyth — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ROSE Middle BELLE Last FAURE
4. DATE OF DEATH: Month April Day 12 Year 1957
5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Aug. 21, 1883
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 7 Days 21 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keeping
10b. KIND OF BUSINESS OR INDUSTRY: House Wife
11. BIRTHPLACE (City and state or country): Mich
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Capt. Henry Fox
14. MOTHER'S MAIDEN NAME: Matilda Steele
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs William J. May — Address: Forsyth, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arterial Hypertension
DUE TO (c): Arteriosclerosis
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 4-11-57 p. to 4-12-57 and last saw her/him alive on 4-11-57
Death occurred at 4-12-57 12:30 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Mary King, D.O.
22b. ADDRESS: Forsyth, Mo.
22c. DATE SIGNED: 4-15-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-14-57
23c. NAME OF CEMETERY OR CREMATORY: Ozark Memorial Park
23d. LOCATION (City, town, or county) (State): Branson, Mo

24. FUNERAL DIRECTOR: W. Slabb — ADDRESS: Forsyth Mo
25. DATE RECD. BY LOCAL REG.: 4/15/57
26. REGISTRAR'S SIGNATURE: Helen Campbell

(Licensed Embalmer's Statement on Reverse Side)

514

APR 26 1967

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 Walter S. Cal

Licensed Embalmer No. 47

P. O. Address Lingi

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