

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-002636

STATE FILE NUMBER

FILED FEB 11 1959 Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <b>ST. FRANCOIS COUNTY</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. FRANCOIS</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>RURAL ST. FRANCOIS</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>FRANKCLAY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>MINERAL AREA OSTEOPATHIC HOSP.</b>			Length of stay in 1b <b>14 hours</b>		d. STREET ADDRESS (If outside, give location)		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>PRICE</b> Middle <b>ALEXANDER</b> Last <b>GLORE</b>				4. DATE OF DEATH Month <b>FEB.</b> Day <b>1</b> Year <b>1959</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>FEB. 2, 1889</b>		9. AGE (In years last birthday) <b>69</b>		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ST. JOE LEAD CO. - RETIRED</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>WASHINGTON COUNTY MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>MORTON GLORE</b>				14. MOTHER'S MAIDEN NAME <b>JOSEPHINE BONE</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO. <b>494-09-4362</b>		17. INFORMANT Address <b>ELLA GLORE FRANKCLAY, MO.</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Circulatory Failure (Decompensated Cor Pulmonale)</b>							INTERVAL BETWEEN ONSET AND DEATH <b>HOURS</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							hours
DUE TO (b) <b>Coronary Thrombosis and Myocardial Infarction</b>							years
DUE TO (c) <b>Arteriosclerosis</b>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>4201</b>							19. WAS AUTOPSY PERFORMED? 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 Hour Month, Day, Year a. m. p. m.							
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		COUNTY	STATE
21. I attended the deceased from <b>Jan. 4, 1957</b> to <b>Feb. 1, 1959</b> and last saw <del>him</del> <b>him</b> alive on <b>Feb. 1, 1959</b> Death occurred at <b>1:15 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>M. M. Beck D. O.</b>				22b. ADDRESS <b>LEADWOOD, MISSOURI</b>		22c. DATE SIGNED <b>Feb. 5, 1959</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<b>Burial</b>		<b>Feb 4, 1959</b>		<b>LEADWOOD CEMETERY</b>		<b>LEADWOOD MO</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Bentley Boyen Leadwood</b>				25. DATE RECD. BY LOCAL REG. <b>Feb. 4, 1959</b>		26. REGISTRAR'S SIGNATURE <b>Ether Rudloff</b>	

(Licensed Embalmer's Statement on Reverse Side)

Section, Coroner, etc. must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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.....  
Signature of Student Embalmer

Signed *Bert L. Boyer*.....  
Licensed Embalmer No. 3.....

P. O. Address .....

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