

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

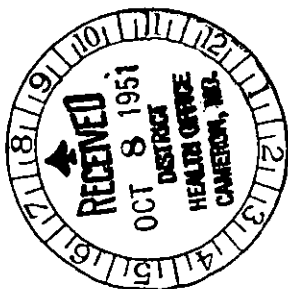
State File No. 32450

FILED OCT 16 1951

BIRTH NO. _____		REG. DIST. NO. <u>4</u>		PRIMARY REG. DIST. NO. <u>4014</u>		Registrar's No. <u>63</u>	
1. PLACE OF DEATH a. COUNTY <u>Atchison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fairfax</u>		c. LENGTH OF STAY (in this place) <u>10 min.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rock Port.</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Fairfax Community Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>none</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>James</u>		b. (Middle) <u>F.</u>		c. (Last) <u>Gore</u>	
4. DATE OF DEATH		9		28		1951	
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>11/15/1873</u>	
9. AGE (In years last birthday) <u>77</u>		10. UNDER 1 YEAR Months <u>10</u> Days <u>13</u>		11. BIRTHPLACE (State or foreign country) <u>Fremont Co. Iowa.</u>		12. CITIZEN OF WHAT COUNTRY? <u>Am.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Attorney</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Law</u>		11. BIRTHPLACE (State or foreign country) <u>Fremont Co. Iowa.</u>	
13a. FATHER'S NAME <u>William T. Gore</u>				13b. MOTHER'S MAIDEN NAME <u>Mary E. Hume</u>		14. NAME OF HUSBAND OR WIFE <u>Florida.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Florida Gore.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute myocardial infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>coronary artery thrombosis</u> DUE TO (c) <u>arteriosclerosis, coronary</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>chronic coronary artery</u> <u>occlusion with healed</u> <u>myocardial infarct 4/20/1</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u> <u>2 hrs.</u> <u>6 yrs.</u> <u>5 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>No operation</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>No</u> (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) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Sept 28</u> , 19 <u>51</u> , to <u>Sept 28</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Sept 28</u> , 19 <u>51</u> , and that death occurred at <u>11:35 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Bartholomew M. D.</u>				23b. ADDRESS <u>Rock Port Mo.</u>		23c. DATE SIGNED <u>10/2/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 2, 51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenhill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Rock Port. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 4, 1951</u>		REGISTRAR'S SIGNATURE <u>Marvin A. Schick</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bartholomew Mortuary, Rockport.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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



MAR 25 1951

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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 .....  
Student Embalmer

Signed.....

*Grat Barchatowski*  
Licensed Embalmer No. 3173

P. O. Address Rock Part, 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.