

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29458

State File No.

FILED AUG 17 1953

Registrar's No. 155

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 5856

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give town) Rural Hopkins Twp.		c. CITY (If outside corporate limits, write RURAL and give township) Rural Hopkins, Twp	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Raymond	b. (Middle) Leslie	c. (Last) Vore	4. DATE OF DEATH (Month) (Day) (Year) Aug. 10, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb. 5, 1928	9. AGE (In years last birthday) 25	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Hopkins, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Clarence Vore	13b. MOTHER'S MAIDEN NAME Clara VonKaenel	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War 2	16. SOCIAL SECURITY NO. 478-34-3558	17. INFORMANT'S SIGNATURE OR NAME Clarence Vore,	ADDRESS Hopkins, Mo.
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicide		INTERVAL BETWEEN ONSET AND DEATH 1 yr.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) neuro-psycosis		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION no operation E976X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm home	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Hopkins, Mo. Nodaway Mo.
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21d. TIME OF INJURY 8--10--53-6Pm.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Shot Gun
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22. I hereby certify that I attended the deceased from not attended, 19___, that I last saw the deceased alive on not seen 19___, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. L. Deane - Coroner	23b. ADDRESS Maryville Mo.	23c. DATE SIGNED 8-13-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 13, 1953	24c. NAME OF CEMETERY OR CREMATORY Hopkins	24d. LOCATION (City, town, or county) (State) Hopkins, Mo.
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DATE REC'D BY LOCAL REG. 8-15-53	REGISTRAR'S SIGNATURE Bess Holt	25. FUNERAL DIRECTOR'S SIGNATURE Steady Swanson	ADDRESS Hopkins, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

240

1958 OCT 6

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. *myself*

Student Embalmer No.

Student
Student Embalmer

Signed *Stevley Swanson*

Licensed Embalmer No. *3963*

P. O. Address *Hopkins 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.