

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1394

State File No. ....

FILED JAN 14 1955

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 127

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> <u>0</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Prairie Twspt.</u>		c. LENGTH OF STAY (In this place) <u>4 das.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City 22</u>		<u>3018</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>822 Cedar</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cora</u>		b. (Middle)	c. (Last) <u>Gore</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 3, 1955</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Oct. 4, 1881</u>	9. AGE (In years last birthday) <u>73</u>	<table border="1"> <tr> <td># UNDER 1 YEAR</td> <td># UNDER 1 HR.</td> </tr> <tr> <td>Months <u>2</u> Days <u>29</u></td> <td>Hour <u></u> Min. <u></u></td> </tr> </table>	# UNDER 1 YEAR	# UNDER 1 HR.	Months <u>2</u> Days <u>29</u>	Hour <u></u> Min. <u></u>
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Months <u>2</u> Days <u>29</u>	Hour <u></u> Min. <u></u>								
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>S. Security</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>NUTE J. O' GUIN</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH (LAST UNKNOWN) JEFFERSON</u>	14. NAME OF HUSBAND OR WIFE <u>D GORE</u>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs LILA SHERMAN 1703 HANDS</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Left side paralysis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Thrombosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH   				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>332X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
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) (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>12/29/1954</u> to <u>1/3/55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>12/2</u> , 19 <u>55</u> , and that death occurred at <u>4:45 a. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Robert Hoover and</u>			23b. ADDRESS <u>1212 W. Thurman Independence, Mo.</u>	23c. DATE SIGNED <u>1/3/1955</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1/5/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MOUND GROVE CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>INDEPENDENCE MO.</u>						
DATE REC'D BY LOCAL REG. <u>1-5-55</u>	REGISTRAR'S SIGNATURE <u>N. S. Longford 483</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wilton S. Kepley Inden Mo</u>						

(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 Dixon S. Kelsey

Licensed Embalmer No. 4225

P. O. Address: Indep. 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.