No. 300
10.48

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

FILED JAN 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 75

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 401Y Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY: Atchison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rock Port
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Atchison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rock Port. 0030
d. STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): F.
c. (Last): Gore

4. DATE OF DEATH (Month) (Day) (Year): 1-1-1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11-4-1906
9. AGE (In years last birthday): 50. IF UNDER 1 YEAR: Months 1 Days 27 IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rural Mail Carrier
10b. KIND OF BUSINESS OR INDUSTRY: U.S.Mail
11. BIRTHPLACE (State or foreign country): Rock Port. Mo.,
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: James Gore
13b. MOTHER'S MAIDEN NAME: Flora Hughes
14. NAME OF HUSBAND OR WIFE: Faye Rupe Gore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW 2
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Faye Rupe Gore ADDRESS: Rock Port.

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) Gun shot wound to head — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 9190

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 19
20. AUTOPSY? YES ☐ NO ☐ 3

21a. ACCIDENT SUICIDE HOMICIDE (Specify): UNKNOWN
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HOME
21c. (CITY, TOWN, OR TOWNSHIP): Rock Port (COUNTY): 003 (STATE): Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Dr. D. E. Gallup (Degree or title): Coroner
23b. ADDRESS: Rock Port Mo.
23c. DATE SIGNED: 1-3-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-3-1957
24c. NAME OF CEMETERY OR CREMATORY: Greenhill Cem.
24d. LOCATION (City, town, or county) (State): Rock Port. Mo.,

DATE REC'D BY LOCAL REG.: Jan 3, 1957
REGISTRAR'S SIGNATURE: Therwin W. Schuler
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Bartholomew Mortuary, Rockport.

(Licensed Embalmer's Statement on Reverse Side)

443
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JAN 29 1957

FEB 1 1957

FEB 18 1957

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: Gratz Bartholomew

Licensed Embalmer No. 3173

P. O. Address Rock Port. 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.