

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **45067**

FILED DEC 24 1957

BIRTH NO. _____		REG. DIST. NO. 207		PRIMARY REG. DIST. NO. 4219		Registrar's No. 38	
1. PLACE OF DEATH a. COUNTY Maries				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Maries			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Belle		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Belle		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION International Shoe Co. Plant				e. STREET ADDRESS (If rural, give location) 0630			
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Warner c. (Last) Jore			4. DATE OF DEATH (Month) Dec (Day) 9 (Year) 1957				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept-26 1892	9. AGE (in years last birthday) 65	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory		11. BIRTHPLACE (City and State or Foreign Country) Osage County - MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Jore		13b. MOTHER'S MAIDEN NAME Emme Brazson		14. NAME OF HUSBAND OR WIFE Nellie (Wilson) Jore			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or date of service) W.W.I.		16. SOCIAL SECURITY NO. ?	17. INFORMANT'S SIGNATURE OR NAME Floyd Jore ADDRESS Belle - Mo				
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) Cardiac Arrest ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CARDIAC ANNOXIA DUE TO (c) CORONARY INSUFFICIENCY				INTERVAL BETWEEN ONSET AND DEATH 3 days YEARS	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		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 12-9-57 , 19___, to _____, 19___, that I last saw the deceased alive on 12-9 , 19 57 , and that death occurred at 12:45 AM. , from the causes and on the date stated above.							
23a. SIGNATURE Wm. L. Fiedler (Degree or title) MD				23b. ADDRESS Bland, Mo		23c. DATE SIGNED 12/10/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE 12/11/57	24c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery		24d. LOCATION (City, town, or county) (State) Belle - Missouri		
DATE REC'D BY LOCAL REG. 12-19-57		REGISTRAR'S SIGNATURE Pauline Howard		25. FUNERAL DIRECTOR'S SIGNATURE Charles Casanova ADDRESS General Service - Belle - Mo			

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

1800

JAN 2 1958

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

Cherita Lassman

Licensed Embalmer No.

4128

P. O. Address

Bland - Va

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.