

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-035790  
State File No.

FILED NOV 6 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 86

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

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Excelsior Springs</u>		c. CITY OR TOWN <u>Excelsior Springs</u>	
c. LENGTH OF STAY (in this place) <u>26 yrs</u>		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 <u>416 Concourse</u>		No. STREET ADDRESS (If rural, give location) <u>416 Concourse</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lora</u> b. (Middle) <u>M.</u> c. (Last) <u>Elmore</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 30, 1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 14, 1872</u>
9. AGE (In years last birthday) <u>86</u>		if UNDER 1 YEAR Months <u>0</u> Days <u>6</u>	if UNDER 4 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XXXXX</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cameron, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>John N. Munsell</u>	
13b. MOTHER'S MAIDEN NAME <u>Willie E. Mitchell</u>		14. NAME OF HUSBAND OR WIFE <u>Moses Ernest Elmore, (Dec)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Harold Elmore, Excelsior Springs, MO</u>		ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary insufficiency</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Arteriosclerosis</u> 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. <u>Fr. left hip 4201F</u>	
19a. DATE OF OPERATION <u>10-6-58</u>		19b. MAJOR FINDINGS OF OPERATION <u>Fr left hip, fused neck - Smith Peterson no.</u>	
20. AUTOPSY? <u>2</u> 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) m.		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>10-2</u> , 19 <u>58</u> , to <u>Oct 30</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>30 Oct</u> , 19 <u>58</u> , and that death occurred at <u>8:16 p</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>George E. Anderson M.D.</u>		23b. ADDRESS <u>Excelsior Springs, Mo</u>	
23c. DATE SIGNED <u>11-1-58</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 2, 1958</u>	
24c. NAME OF CEMETERY OR CREMATOR <u>Graceland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cameron, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11/2/58</u>		REGISTRAR'S SIGNATURE <u>Barolene Hulchings</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Hope Funeral Home</u>		ADDRESS <u>Ex. Spgs. MO.</u>	

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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.....  
Signature of Student Embalmer

Signed *Chas. Virgil Hope*.....

Licensed Embalmer No..395

P. O. Address *Greelscot*

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.