

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

60-019935

FILED VS JUN 1 1960

Registration District No. 170 Primary Registration District No. Registrar's No. 86

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <b>Laclede</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Miller</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ELURIDGE T S RURAL - DOVE</b>		Length of stay in 1b <b>2 Mo</b>	c. CITY OR TOWN <b>Lake Ozark</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital give location) HOSPITAL OR <b>Cedar Grove Nursing Home</b> INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>---</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <b>WARREN</b>	Middle <b>WHITCOMB</b>	Last <b>GORE</b>	4. DATE OF DEATH	Month <b>May</b>	Day <b>17</b>	Year <b>1960</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Caucasian</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-6-1925</b>	9. AGE (last birthday) <b>85</b>	IF UNDER 1 YEAR	IF UNDER 24 HR		
					Months	Days	Hours	Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Engineer Ret.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Mfg.</b>	11. BIRTHPLACE (City and state or country) <b>Belleplaine, Iowa</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Charles W. Gore</b>	13b. MOTHER'S MAIDEN NAME <b>Louise Fox</b>	14. NAME OF HUSBAND OR WIFE <b>Sarah Gore</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT <b>George Gore</b> Address <b>Lake Ozark, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Cerebral Haemorrhage.</b>		<b>3 wks</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Arteriosclerosis.</b>	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY	Hour <b>9:30</b> a.m. / p.m.	Month, Day, Year <b>Apr 24, 1960</b>
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Eldon, Mo.</b> COUNTY <b>Missouri</b> STATE <b>Missouri</b>
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21. I attended the deceased from **Apr 24, 1960** to **May 17, 1960** and **was** him alive on **Apr 24, 1960**. Death occurred at **9:30 p** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>E. O. Shelton M.D.</b> (Degree or title)	22b. ADDRESS <b>Eldon, Mo.</b>	22c. DATE SIGNED <b>May 18 1960</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>May 20, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Eldon</b>	23d. LOCATION (City, town, or county) <b>Eldon Missouri</b> (State)
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24. FUNERAL DIRECTOR <b>Louis D. Phillips</b> ADDRESS <b>Eldon, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>5-21-1960</b>	26. REGISTRAR'S SIGNATURE <b>Hella L. Hay</b>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

0981 I Nnr

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by Don E. Phillips, Student Embalmer No. 583

working under my personal supervision.

Student Don E. Phillips  
Signature of Student Embalmer

Signed Louis A. Phel  
Licensed Embalmer No. 366

P. O. Address Bedon

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.