JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

LED VS JUN 29 1960

NDED

-60-023809

STATE FILE NUMBER

Registration District No. 207 Primary Registration District No. 4311 Registrar's No. 31

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Maries
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Belle
Length of stay in 1b 50yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AT home
Inside Limits Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Maries
c. CITY OR TOWN Belle
Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First EMMA Middle JANE Last LORE
4. DATE OF DEATH Month June Day 18 Year 1960
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed X Divorced ☐
8. DATE OF BIRTH March 7-1875
9. AGE (last birthday) 85
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) Osage County - Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME George BRANSON
13b. MOTHER'S MAIDEN NAME SARAH MASSEY
14. NAME OF HUSBAND ~~OR WIFE~~ John Lore (Deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Thomas Lore Address Belle - Mo

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)	Coronary occlusion	Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Chronic Hypertensive Degenerative	10 yrs
DUE TO (c)	Arteio Sclerotic Heart Disease	yrs.

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11/23/56, to 6/18/60 and last saw ~~him~~ her alive on 6/17/60
Death occurred at 5:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. A. Schoenhals MD (Degree or title)
22b. ADDRESS Belle, Mo
22c. DATE SIGNED 6/20/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE June 20-1960
23c. NAME OF CEMETERY ~~OR CREMATORY~~ Liberty Cemetery
23d. LOCATION (City, town, or county) (State) Belle - Mo.

24. FUNERAL DIRECTOR Sassman Funeral Service ADDRESS Belle - Mo
25. DATE RECD. BY LOCAL REG. June 22-1960
26. REGISTRAR'S SIGNATURE Mozelle Hutchison

(Licensed Embalmer's Statement on Reverse Side)

VS JUN 29 1960

JUL 1 1960

JUN 30 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed Chester Lassman

Signature of Student Embalmer

Licensed Embalmer No. 4178

P. O. Address Bland-

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.