MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-010298
STATE FILE NUMBER

AMENDED

Registration District No. 314 Primary Registration District No. 6056 Registrar's No. 12

FILED VS MAR 13 1961

1. PLACE OF DEATH
a. COUNTY St. Clair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler Rural — Length of stay in 1b: 41 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Clair
c. CITY OR TOWN Butler — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) Osceola Route — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Frank Middle: C. Last: Gore
4. DATE OF DEATH Month, Day, Year: March, 7, 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12/10/88
9. AGE (last birthday): 72
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): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Kansas
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Greenville Gore
13b. MOTHER'S MAIDEN NAME: Naomi Belcher
14. NAME OF HUSBAND OR WIFE: Sarah Gore
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.:
17. INFORMANT: Sarah Gore, Osceola Missouri — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hr –
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (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): Hypertension
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 1959, to 3-7-61 and last saw him alive on 2-24-1961
Death occurred at 8:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ruth Seevers M.D. (Degree or title)
22b. ADDRESS Osceola Missouri
22c. DATE SIGNED 3/8/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3/9/61
23c. NAME OF CEMETERY OR CREMATORY: Pennsboro
23d. LOCATION (City, town, or county) (State): Pennsboro Missouri

24. FUNERAL DIRECTOR: Goodrich Funeral Home, Osceola Mo. — ADDRESS
25. DATE RECD. BY LOCAL REG.: 3-8-1961
26. REGISTRAR'S SIGNATURE: Ruth Seevers

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF — DOCUMENT

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_____ Signed F B Goodrich
Signature of Student Embalmer

Licensed Embalmer No. 3038

P. O. Address Osceola 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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