

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041056

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5816 STATE FILE NUMBER

FILED DEC 11 1961

1. PLACE OF DEATH
 a. COUNTY **Jackson**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** COUNTY **Jackson**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Kansas City** Length of stay in lb **2 yrs**

c. CITY OR TOWN **Kansas City** Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **7402 East 108th** Inside Limits Yes No

d. STREET ADDRESS **7402 E. 108th** (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
Jasper Morton Glore

4. DATE OF DEATH Month Day Year
11 - 20 - 1961

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH **7-9-1921** 9. AGE (last birthday) **37**

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) **Asst Manager**

10b. KIND OF BUSINESS OR INDUSTRY **Office Machines Sales & Service**

11. BIRTHPLACE (City and state or country) **Leadwood, Missouri**

12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Firmin Glore Sr.** 13b. MOTHER'S MAIDEN NAME **Gertrude Gregory** 14. NAME OF HUSBAND OR WIFE **Buna L. Glore**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
Yes W.W.2

17. INFORMANT Address
Buna L. Glore 7402 E. 108th, K.C. Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **acute myocardial infarction** INTERVAL BETWEEN ONSET AND DEATH **2 hrs**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **coronary occlusion**

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.
 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 **11-20-61** to **11-20-61** and last saw her/him alive on **11-20-61**

Death occurred at **approximately 8:30 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **H. L. Ketterman, M.D.** 22b. ADDRESS **Stickman Mills 900** 22c. DATE SIGNED **11-20-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **11-22-61** 23c. NAME OF CEMETERY **St. Francis Memorial** 23d. LOCATION (City, town, or county) **Leadwood, Missouri** (State) _____

24. FUNERAL DIRECTOR ADDRESS **E. K. George & Sons, Inc. Grandview, Mo** 25. DATE RECD. BY LOCAL REG. **11-21-61** 26. REGISTRAR'S SIGNATURE **Ruth Long**

DATE AMENDED

INSTEAD OF

DOCUMENT

L. Ketterman MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 *Stirling E. Goddard*
Licensed Embalmer No. 4911

P. O. Address *Grandview*

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.