

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047602

AMENDED

DATE AMENDED
1/12/62

INSTEAD OF
DOCUMENT
Woodlawn & Independence

BY AFFIDAVIT OF
Funeral Director
Floral Hills & Kansas City

ITEM NO. SHOULD READ

Registration District No. 360 Primary Registration District No. 6218 Registrar's No. 212 STATE FILE NUMBER

FILED DEC 19 1961

1. PLACE OF DEATH
a. COUNTY **Vernon**
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Sh Dover Twp.** Length of stay in 1b **2 days**
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **Rural** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Jackson**
c. CITY OR TOWN **Independence** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **1840 Sterling Street** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **Burney** Middle **Fred** Last **Gore** 4. DATE OF DEATH Month **December** Day **8** Year **1961**

5. SEX **M** 6. COLOR OR RACE **Wh** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **8-9-1892** 9. AGE (last birthday) **69** 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) **Unknown** 10b. KIND OF BUSINESS OR INDUSTRY **Retired** 11. BIRTHPLACE (City and state or country) **Lees Summit, Missouri** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Greenville Frank Gore** 13b. MOTHER'S MAIDEN NAME **Eliza Ellen Foley** 14. NAME OF HUSBAND OR WIFE **Glessie Margaret Gore**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes** 16. SOCIAL SECURITY NO. **WV** 17. INFORMANT **Glessie Margaret Gore, Independence, Mo.** Address **1840 Sterling Street**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Apparent Heart attack**
DUE TO (b) **Investigated by County Coroner**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
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.) **None**
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

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 _____ to _____ and last saw her/him alive on _____.
Death occurred at **8:30 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) **Anna E. Local Registrar** 22b. ADDRESS **Nevala, Missouri** 22c. DATE SIGNED **12-8-1961**

23a. BURIAL, CREMATIONS, REMOVAL (Specify) **Burial** 23b. DATE **Dec. 11th, 1961** 23c. NAME OF CEMETERY OR CREMATORY **Woodlawn Cemetery** 23d. LOCATION (City, town, or county) (State) **Independence, Missouri, Kansas City**

24. FUNERAL DIRECTOR **Beeny Funeral Home** ADDRESS **Sheldon, Missouri** 25. DATE RECD. BY LOCAL REG. **Dec 9-1961** 26. REGISTRAR'S SIGNATURE **Anna E. Ferry**

DEC 20 1961

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

L. Gerald Beery

Licensed Embalmer No. *4203*

P. O. Address *Sheldon MS*

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.