MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-050533
STATE FILE NUMBER

Registration District No. 340 Primary Registration District No. 6152 Registrar's No. 112

FILED JAN 3 1964

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 030
2 030
3 2
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13 7-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Stoddard
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Liberty — Length of stay in 1b: 47 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Bernie, Mo. R. 1 — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Stoddard
c. CITY OR TOWN: Bernie — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rfd. 1 — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Sidney Middle: Dawson Last: Gore
4. DATE OF DEATH: Month: December Day: 13 Year: 1963
5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12-9-1879
9. AGE (last birthday): 84 — 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): Farmer (retired)
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Fancy Farm, Ky.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: George Gore
13b. MOTHER'S MAIDEN NAME: Mary Ann
14. NAME OF HUSBAND OR WIFE: Bonnie Lee Gore
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): X X X X X X X
16. SOCIAL SECURITY NO.:
17. INFORMANT: Bonnie Lee Gore Address: Bernie, Mo. R. 1

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days
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): Senility
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 December 12, to Dec 13, 1963 and last saw ~~her~~ him alive on Dec 13, 1963
Death occurred at 1:10 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: F. G. Kelly D.O. (Degree or title)
22b. ADDRESS: Bernie, Mo.
22c. DATE SIGNED: 12-18-63

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 12-16-63
23c. NAME OF CEMETERY OR CREMATORY: Hagy Cemetery
23d. LOCATION (City, town, or county) (State): Dexter, Missouri

24. FUNERAL DIRECTOR: Watkins & Sons ADDRESS: Dexter, Mo.
25. DATE RECD. BY LOCAL REG.: 12-23-63
26. REGISTRAR'S SIGNATURE: Velma V. Jenkins

(Licensed Embalmer's Statement on Reverse Side)

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 Mark Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter 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.