

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27643**

FILED SEP 6 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 301

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>Hannibal</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Residence 3900 Henderson</b>		e. STREET ADDRESS (If rural, give location) <b>3900 Henderson</b>			

3. NAME OF DECEASED (Type or Print) **Caroline Gertrude Gore**

a. (First) \_\_\_\_\_ b. (Middle) \_\_\_\_\_ c. (Last) \_\_\_\_\_

4. DATE OF DEATH (Month) (Day) (Year)  
**August 27, 1956**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
**never married** 8. DATE OF BIRTH **July 2, 1864**

9. AGE (In years last birthday) **92** IF UNDER 1 YEAR: Months **1** Days **25** IF UNDER 24 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Housewife**

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (City and State or Foreign Country) / **Fauquier County Virginia**

12. CITIZEN OF WHAT COUNTRY? **U S A**

13a. FATHER'S NAME **Landon Gore** 13b. MOTHER'S MAIDEN NAME **Narcissa Conrad** 14. NAME OF HUSBAND OR WIFE **None**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
**No None**

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME **B. F. Gore, Hannibal Missouri** ADDRESS \_\_\_\_\_

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

**MEDICAL CERTIFICATION.**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Hypostatic pneumonia** INTERVAL BETWEEN ONSET AND DEATH **3 days -**

ANTECEDENT CAUSES

\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) **Cardiac De-compensation and circulatory failure** **3 mo**

DUE TO (c) **Senility and general physical debility** **—**

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

21a. ACCIDENT (Specify) \_\_\_\_\_ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  
**4343X**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 3/9, 1954, to 8/27, 1956, that I last saw the deceased alive on 8/27, 1956, and that death occurred at 10:15 Am., from the causes and on the date stated above.

23a. SIGNATURE **Sam J. Buchanan** (Degree or title) **Dr.** 23b. ADDRESS **504 Broadway Hannibal Mo.** 23c. DATE SIGNED **8/28/56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **8/29/1956** 24c. NAME OF CEMETERY OR CREMATORY **Hydesburg Cemetery** 24d. LOCATION (City, town, or county) (State) **Rolls County Missouri**

DATE REC'D BY LOCAL REG. **8-31-56** REGISTRAR'S SIGNATURE **Dr. Em. Luck** 25. FUNERAL DIRECTOR'S SIGNATURE **W. Crawford Smith** ADDRESS **Hannibal Missouri**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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SEP 4 1956

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED SEP 4 1956

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..... [Handwritten Signature]

Licensed Embalmer No. 4540.....

P. O. Address Hannibal, Missou

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.