

FILED FEB 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5455

BIRTH NO. _____		REG. DIST. NO. 187		PRIMARY REG. DIST. NO. 3040		Registrar's No. 63	
1. PLACE OF DEATH a. COUNTY LIVINGSTON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LIVINGSTON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CHILlicothe		c. LENGTH OF STAY (In this place) 75 YRS.		c. CITY OR TOWN CHILlicothe		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION SUSAN'S NURSING HOME				e. STREET ADDRESS (If rural, give location) 1215 CALHOUN			
3. NAME OF DECEASED (Type or Print) a. (First) DORA			b. (Middle) B.		c. (Last) GLORE		4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 9, 1957
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 5 JANUARY 1860		9. AGE (In years last birthday) 97	IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) TERRE HAUTE, INDIANA		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME JOHN SHEWMAKER			13b. MOTHER'S MAIDEN NAME MECINA BENTLEY		14. NAME OF HUSBAND OR WIFE SAMUEL O. GLORE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No, if unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ALLEN O. GLORE; KANSAS CITY, MO.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchitis Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured Humerus				INTERVAL BETWEEN ONSET AND DEATH 4 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		491XF			
22. I hereby certify that I attended the deceased from Dec 24, 1956, to Feb 2, 1957, that I last saw the deceased alive on 2-2-1957, and that death occurred at 5:12 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M. Bennett M.D.				23b. ADDRESS Chillicothe		23c. DATE SIGNED 2-11-57	
24. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2-11-57		24c. NAME OF CEMETERY OR CREMATORY EDGEWOOD		24d. LOCATION (City, town, or county) (State) CHILlicothe, MO.	
DATE REC'D BY LOCAL REG. 2/11/57		REGISTRAR'S SIGNATURE Franco B. Neill		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS NORMAN FUNERAL HOME: Chillicothe, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

71-0

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 *Eaton F. Norman*

Licensed Embalmer No. *4036*

P. O. Address *Chillicothe*

**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.**