

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **17813**

Registration District No. **366**

Primary Registration District No. **5091**

Registrar's No. **6**

1. PLACE OF DEATH:

(a) County **Bates Springs, Mo**
(b) City or town **Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Home**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Home** (Specify whether
In this community **5 yrs**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **mo** (b) County **Bates**
(c) City or town **Springer, rural**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME

JOHN ANDY GORMAN 655

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife **never had a wife**

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Feb 12 - 1854**
(Month) (Day) (Year)

8. AGE:

Years **86** Months **3** Days **4** If less than one day hr. _____ min.

9. Birthplace **Friedrichsburg, Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business

MOTHER FATHER { 12. Name **Michael Gorman**
13. Birthplace **Indiana**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary McLeod**
15. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

16. (a) Informant **Edward Larkin**
(b) Address **Butler RFD #1**

17. (a) **Burial** (b) Date thereof **May 17 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Radford Camp**

18. (a) Signature of funeral director **Frank Lee**

(b) Address **Updillon City, Mo**

19. (a) **May 18 1940** (b) **Laura S. Chasel**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **16th**
year **1940** hour **14** minute **2** M.

21. I hereby certify that I attended the deceased from **Mar 1939**
19____ to **May 16th, 1940**
that I last saw him alive on **May 16th 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**
Due to **Chronic nephritis**

Due to _____
Other conditions **12/1**
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **959**

(Specify type of place) _____
While at work? _____ (a) Means of injury _____

23. Signature **L. D. Larkin** (M. D. or other) **mo**
Address **Butler, Mo** Date signed **May 16 40**

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

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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.....

Was not embalmed
working under my personal supervision.

....., Registered Apprentice No.

Signed

Frank Lee

Licensed Embalmer No. *1099*

P. O. Address

Appleton City

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 this body is not embalmed, above space should be left blank.