

FILED AUG 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24339

81303

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

BIRTH NO. _____		REG. DIST. NO. <u>276</u>		PRIMARY REG. DIST. NO. <u>4410</u>		Registrar's No. <u>28</u>	
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE, (Where deceased lived. If institutional residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St James Mo</u>		c. LENGTH OF STAY (In this place) <u>60 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. James Mo</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) (First) <u>Louis</u> (Middle) <u>J</u> (Last) <u>Gorman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-20-49</u>				
5. SEX <u>M</u>	6. COLOR OF RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 9-1871</u>		9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>11</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labourer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Phelps Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>Henry Gorman</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Alexander</u>		14. NAME OF HUSBAND OR WIFE <u>Francis Gorman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jude Gorman</u> ADDRESS <u>St James Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Chronic myocarditis and myocardial degeneration about 2 years</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis and myocardial degeneration about 2 years</u>					INTERVAL BETWEEN ONSET AND DEATH <u>about 2 years</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis about 6 months</u>		DUE TO (c) <u>Chronic myocarditis about 6 months</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>42 2 2</u>	
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) _____			
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"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>July 5, 1949</u> , to <u>July 20, 1949</u> , that I last saw the deceased alive on <u>July 15, 1949</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. C. Hammler, M.D.</u>				23b. ADDRESS <u>St James, Mo.</u>		23c. DATE SIGNED <u>July 25, 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-23-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maxine Cem</u>		24d. LOCATION (City, town, or county) (State) <u>St James Mo</u>		
DATE REC'D BY LOCAL REG. <u>7-27-49</u>		REGISTRAR'S SIGNATURE <u>Cona C. Cunningham</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lothar E. Kelleher</u>		ADDRESS <u>St James Mo</u>	

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RECEIVED
Phelps County Health Officers,
County File Number
Date Filed 8-3-49

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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Signed *Orval E. Licklider*

Signed

Licensed Embalmer No. *3546*

Signed _____
Student Embalmer

P. O. Address *St James 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 this body is not embalmed, fact should be so stated above.

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