

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43466

State File No.

FILED DEC 27 1949

BIRTH NO. _____ REG. DIST. NO. 349 PRIMARY REG. DIST. NO. 4514 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Green City</u>	c. LENGTH OF STAY (In this place) <u>30 months</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Green City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Green City</u>		d. STREET ADDRESS (If rural, give location) <u>no street number</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u> b. (Middle) <u>GORMAN</u> c. (Last) <u>GORMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 5 1949</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>September 1880</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>On Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Edward Gorman</u>	13b. MOTHER'S MAIDEN NAME <u>Mildred Edwards</u>	14. NAME OF HUSBAND OR WIFE <u>Nellie Gorman</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Can't find</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Neva P. Merriam, Green City, Mo</u>	ADDRESS
--	---	--	---------

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> <u>5 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atrophic Lateral Sclerosis</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>3561</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 August 25, 1947, to November 5, 1949, that I last saw the deceased alive on November 3, 1949, and that death occurred at 8:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. D. Smith D.O.</u> (Degree or title)	23b. ADDRESS <u>Green City, Mo</u>	23c. DATE SIGNED <u>Nov. 8, 1949</u>
--	------------------------------------	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 9, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Zion</u>	24d. LOCATION (City, town, or county) (State) <u>SULLIVAN CO. Mo</u>
---	-------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>Nov. 12, 1949</u>	REGISTRAR'S SIGNATURE <u>Laura Caldwell</u>	4116 25. FUNERAL DIRECTOR'S SIGNATURE <u>Thos E. Hunt & Son</u>	ADDRESS <u>Green City</u>
---	---	---	---------------------------

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

105
0

RECEIVED DEC 1 1949
District Health Officer No. 10
District File Number 12-49-212
Date Filed DEC 1 1949

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 _____
Student Embalmer

Signed

Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.