

FILED DEC 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43552

26

BIRTH NO. _____		REG. DIST. NO. 370		PRIMARY REG. DIST. NO. 6254		Registrar's No. 26			
1. PLACE OF DEATH a. COUNTY Wayne				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Waclede					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL CEDAR		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon		53			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 428 N. Monroe					
3. NAME OF DECEASED (Type or Print) a. (First) Albert		b. (Middle) Ray		c. (Last) Gourley		4. DATE OF DEATH (Month) (Day) (Year) Nov 23 1949			
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec 6, 1898			
9. AGE (In years last birthday) 50		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mfg.		10b. KIND OF BUSINESS OR INDUSTRY Gourley Mfg Co.		11. BIRTHPLACE (State or foreign country) Turkey Mo. D		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Robert H. Gourley			13b. MOTHER'S MAIDEN NAME Doris Stevens			14. NAME OF HUSBAND OR WIFE Maude Gourley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Mae R. Soudy		ADDRESS Lebanon, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation				INTERVAL BETWEEN ONSET AND DEATH	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carbon Monoxide				88908	
				DUE TO (c)				46	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION ...				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) St. Francis River		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Cedar Township Wayne Mo					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 22 1949 10PM		21e. INJURY OCCURRED. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Car stalled in St. Francis River					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10 PM., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Marvin E. Baile, coroner				23b. ADDRESS Piedmont		23c. DATE SIGNED Nov 24 49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 27, 1949		24c. NAME OF CEMETERY OR CREMATORY Lebanon City Cem		24d. LOCATION (City, town, or county) (State) Lebanon Mo.			
DATE REC'D BY LOCAL REG. Dec 9-49		REGISTRAR'S SIGNATURE Mabel Beasley 341		25. FUNERAL DIRECTOR'S SIGNATURE S.R. PALMER		ADDRESS LEBANON MO.			

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

DEC 19 1949

RECEIVED 12-9-49

Health Officer No. 4

File Number 1249-160

Date Filed

DEC 8 1954

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.

Student
Student Embalmer

Signed *Fred S. Marshall*

Licensed Embalmer No. *4601*

P. O. Address *Greenfield 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.