

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 11910

FILED APR 24 1950

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>114</u>	
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		c. LENGTH OF STAY (in this place) <u>5 Weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		d. STREET ADDRESS (If rural, give location) <u>15 Anderson Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>15 Anderson Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>15 Anderson Ave.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>NORA</u>		b. (Middle) <u>ELLA</u>		c. (Last) <u>GORMAN</u>	
4. DATE OF DEATH		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Sept. 19, 1886</u>		9. AGE (in years last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>A t Home</u>		11. BIRTHPLACE (State or foreign country) <u>Boone County, Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>A t Home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Boone County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Sylvester Kalmbach</u>		13b. MOTHER'S MAIDEN NAME <u>Lizzie Everman</u>		14. NAME OF HUSBAND OR WIFE <u>Ed Gorman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. John Herndon, Columbia, Mo.</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Right heart failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) <u>Atherosclerosis in myocardia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4221</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>viewed, 1950</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Harry M. Griffith M.D. Coroner</u>				23b. ADDRESS <u>Columbia, Mo</u>		23c. DATE SIGNED <u>4-11-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 12, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Centralia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Centralia, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>April 11 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>		31		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Parsons Funeral Service, Columbia, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0104

RECEIVED
District Health Officer No. 9,
District File Number.

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

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

M. D. Whitcomb

Licensed Embalmer No. *3893*

P. O. Address *Columbia 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.