

FILED SEP 28 1950

STANDARD CERTIFICATE OF DEATH

State File No. 31407

BIRTH NO. _____ REG. DIST. NO. 298 PRIMARY REG. DIST. NO. 6024 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ray 0890	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elmira-Rural-Polk Twn.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elmira-Rural-Polk Twn. 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 miles east of Elmira		d. STREET ADDRESS (If rural, give location) 3 miles east of Elmira	

3. NAME OF DECEASED (Type or Print) JOHN C. GORHAM			4. DATE OF DEATH (Month) (Day) (Year) Sept. 7, 1950	
a. (First)	b. (Middle)	c. (Last)	Month	Day

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 31, 1861	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR 0 Months	IF UNDER 1 YEAR 8 Days	IF UNDER 12 HRS. 0 Hours	IF UNDER 12 HRS. 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Retired		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) West of Knoxville, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George W. Gorham		13b. MOTHER'S MAIDEN NAME Elizabeth Myres		14. NAME OF HUSBAND OR WIFE Laura H. Gorham	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Roy C. Gorham		ADDRESS Elmira, Mo.
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Cardio-Renal & Vascular Disease ANTECEDENT CAUSES Semile Arteriosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (a) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH 2 yrs 10 yrs
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			442X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 Elmira COUNTY Ray (STATE) Mo
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?

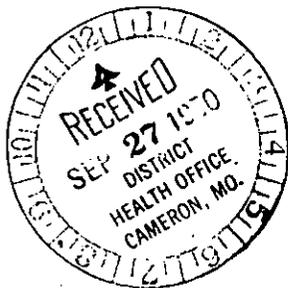
22. I hereby certify that I attended the deceased from **Sept 4, 1950** to **Sept 7, 1950** that I last saw the deceased alive on **Sept 6, 1950**, and that death occurred at **8:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Delbert E. Buehner M.D.	23b. ADDRESS Lawson Mo	23c. DATE SIGNED Sept 10, 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 9, 1950	24c. NAME OF CEMETERY OR CREMATORY Sandals Cemetery	24d. LOCATION (City, town, or county) (State) Ray County, Mo.
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DATE REC'D BY LOCAL REG Sept 21, 1950	REGISTRAR'S SIGNATURE Mrs Raymond Krovo	25. FUNERAL DIRECTOR'S SIGNATURE QUEST-LIFE FUNERAL HOME ADDRESS RICHMOND, MISSOURI	BY Wm. A. Tule
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



[Faint handwritten text, possibly a signature or name]

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

Howard C. Richerson

Licensed Embalmer No. *4792*

P. O. Address

Richard, 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.