No. 300
10-48

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

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40201

BIRTH NO. _____ REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 5327 Registrar's No. 39

1. PLACE OF DEATH
a. COUNTY COOKSTATION MO CRAWFORD
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) UNION COOKSTATION MO
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before [illegible]).
a. STATE COOKSTATION MO b. COUNTY CRAWFORD
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) UNION COOKSTATION MO 0280
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) WASHINGTON c. (Last) GORMAN

4. DATE OF DEATH (Month) DEC (Day) 7 (Year) 1950

5. SEX M 0
6. COLOR OR RACE W
7. MARRIED, ~~NEVER MARRIED~~, WIDOWED, ~~DIVORCED~~ (Specify) EUNIS GORMAN
8. DATE OF BIRTH NOV 11-1885
9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months 21 Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY FARMER
11. BIRTHPLACE (State or foreign country) ST JAMES MO 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME GEORGE W GORMAN
13b. MOTHER'S MAIDEN NAME MERNEVA EARNEY
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Myocarditis — 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) Undulant Fever
DUE TO (c) Infected milk producing

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchitis — 044X

19a. DATE OF OPERATION ✓
19b. MAJOR FINDINGS OF OPERATION no
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from Jan, 1947, to Dec 7, 1950, 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 E A Sadtler (Degree or title) 0
23b. ADDRESS St James Mo
23c. DATE SIGNED 12/20/50

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify) 0
24b. DATE Dec 10-50
24c. NAME OF CEMETERY OR CREMATORY COOKSTATION CETARY
24d. LOCATION (City, town, or county) (State) COOKSTATION MO

DATE REC'D BY LOCAL REG. 1-5-51
REGISTRAR'S SIGNATURE [signature] 76
25. FUNERAL DIRECTOR'S SIGNATURE L J JONAS & SON ADDRESS Steelville, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JAN 9 1951
DISTRICT HEALTH OFFICE No. 4
File No. .....

JAN 9 1951

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 Harry M. Jones Embalmed working under my personal supervision.

Student Embalmer No. .....

Signed Harry M. Jones

Licensed Embalmer No. 2628

P. O. Address Steubenville, O.

Signed .....
Student Embalmer

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.