No. 300
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FILED MAR 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9602

BIRTH NO. _____ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 5949 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY Pike
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Cuivre
c. LENGTH OF STAY (in this place) 20 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4 Mi. E. of Bowling Green

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Pike
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Cuivre 0820 0
d. STREET ADDRESS (If rural, give location) 4 mi. E. of Bowling Green Mo

3. NAME OF DECEASED (Type or Print) a. (First) Ruth b. (Middle) E. c. (Last) Gorton
4. DATE OF DEATH (Month) 3 (Day) 3 (Year) 1951
5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH 3-4-1877
9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months 11 Days 30 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Bowling Green Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME James Johnson
13b. MOTHER'S MAIDEN NAME Nancy Hosten
14. NAME OF HUSBAND OR WIFE Charles Gorton
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Fary Reeder Bowling Green

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) Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH few weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Myocarditis — yrs

DUE TO (c) Endocarditis — yrs

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death Syphilis 4.214 — yrs

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

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) 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* _____ *19* 40 *to* 3-3 *; 19* 51 *, that I last saw the deceased alive on* 3-3 *, 19* 51 *, and that death occurred at* 5 40 P *m., from the causes and on the date stated above.*

23a. SIGNATURE M. Mathews (Degree or title) D.O.
23b. ADDRESS Bowling Green Mo
23c. DATE SIGNED 3-3-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-4-1951
24c. NAME OF CEMETERY OR CREMATORY City Cemetery
24d. LOCATION (City, town, or county) Bowling Green (State) Mo

DATE REC'D BY LOCAL REG. 3-17-51
REGISTRAR'S SIGNATURE Bill Robinson 254
25. FUNERAL DIRECTOR'S SIGNATURE W. B. Elmore ADDRESS Bowling Green

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: MAR 2 0 1951
DISTRICT HEALTH OFFICE #2
District File Number 3-51-590
Date Filed: MAR 2 0 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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed W. B. Elmore

Signed.....
Student Embalmer

Licensed Embalmer No. 3466

P. O. Address Bowling Green Ky

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.