

FILED MAY 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17143

State File No.

542

10. 48

BIRTH NO. 124 REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington		c. LENGTH OF STAY (In this place) over 30 yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 823 Main St.		d. STREET ADDRESS (If rural, give location) 823 Main St.	
3. NAME OF DECEASED a. (First) JULIA (Type or Print) b. (Middle) RIORDAN c. (Last) GORMLEY			4. DATE OF DEATH (Month) (Day) (Year) May 16, 1951
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH January 29, 1870
9. AGE (In years last birthday) 80		10. MONTHS 3	11. DAYS 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Keokuk, Iowa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Daniel Riordan	
13b. MOTHER'S MAIDEN NAME Mary Shea		14. NAME OF HUSBAND OR WIFE William Ghormley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Nellie Riordan, Keokuk, Iowa.
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) Arterio Sclerotic Heart + disease & Congestive failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 Mar 20 1950 to May 16 1951 , that I last saw the deceased alive on May 16, 1951 , and that death occurred at 10:30 P.M. from the causes and on the date stated above.			
23a. SIGNATURE J. W. Ward		23b. ADDRESS Lexington, Mo.	
23c. DATE SIGNED May 17, 1951		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE May 21, 1951		24c. NAME OF CEMETERY OR CREMATORY Memorial Park	
24d. LOCATION (City, town, or county) Lexington, Missouri		24e. (State) Missouri	
DATE REC'D BY LOCAL REG. May 19 1951		REGISTRAR'S SIGNATURE Wm. E. Gattabrooks	
25. FUNERAL DIRECTOR'S SIGNATURE James E. Temple		ADDRESS Lexington, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-28-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 5-28-51

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.....

Thomas V. Johnson

working under my personal supervision.

Student Embalmer No. 427.....

Signed *Leo M. Keane*

Signed *Thomas V. Johnson*
Student Embalmer

Licensed Embalmer No. 2983

P. O. Address *Lehigh, Pennsylvania*

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.