

FILED JUN 13 1951 STANDARD CERTIFICATE OF DEATH

State File No. 21886

BIRTH NO. _____		REG. DIST. NO. 373		PRIMARY REG. DIST. NO. 6267		Registrar's No. 43			
1. PLACE OF DEATH a. COUNTY WEBSTER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Webster					
b. CITY (If outside corporate limits, write RURAL and give town) ELKLAND		c. LENGTH OF STAY (In this place) 6 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) ELKLAND Rural		1120			
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home				d. STREET ADDRESS Rural - Jackson					
3. NAME OF DECEASED (Type or Print) WILLIAM		a. (First)		b. (Middle) HEZCKIAH		c. (Last) GORTON			
4. DATE OF DEATH		(Month)		(Day)		(Year)			
JUNE		13		1951					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed	8. DATE OF BIRTH Sept. 21-1855	9. AGE (In years last birthday) 95	IF UNDER 1 YEAR Months 8	IF UNDER 24 HRS. Days 22	IF UNDER 60 MIN. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Former		11. BIRTHPLACE (State or foreign country) Marion, Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME P.S. Gorton		13b. MOTHER'S MAIDEN NAME Margaret M. Weather		14. NAME OF HUSBAND OR WIFE Deceased					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Ruby Gorton		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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 10 months	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis				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 _____				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) _____		4222			
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 April 20, 1950, to June 13, 1951, that I last saw the deceased alive on May 11, 1951, and that death occurred at 11:10 P.M., from the causes and on the date stated above.									
23a. SIGNATURE H. Gorman				(Degree or title) D.O.		23b. ADDRESS Fair Grove			
23c. DATE SIGNED 6-15-51		24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-16-51		24c. NAME OF CEMETERY OR CREMATORY RICHLAND			
24d. LOCATION (City, town, or county) ANGOLA		(State) Kan.		25. FUNERAL DIRECTOR'S SIGNATURE L.B. Jones		ADDRESS Buffalo, Mo.			
DATE REC'D BY LOCAL REG. 6/15/51		REGISTRAR'S SIGNATURE J. Straw		3920		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JUN 16 1951

Dist. File 657-1333-

Date Filed 6-16-51

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.....

working under my personal supervision.

Student Embalmer No.....

Signed

Emmett Everett

Signed.....
Student Embalmer

Licensed Embalmer No. 4748

P. O. Address Lebanon, 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.