

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **22831**
 Registrar's No. **55**

FILED JUL 27 1951

BIRTH NO. _____		REG. DIST. NO. 133		PRIMARY REG. DIST. NO. 3022		Registrar's No. 55	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Harrison		a. STATE Missouri		b. COUNTY Harrison		b. COUNTY Harrison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bethany		c. LENGTH OF STAY (in this place) 1 wk.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bethany		0411	
d. FULL NAME OF HOSPITAL OR INSTITUTION None				d. STREET ADDRESS (If not, give location) E. Main St.			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) Francis		b. (Middle) Edward		c. (Last) Gormley		Month Day Year 7-8-1951	
5. SEX M.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 7-1-1898	
9. AGE (In years last birthday) 53		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) machinist		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Percell Kansas	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Patrick Gormley		13b. MOTHER'S MAIDEN NAME Anna Percell		14. NAME OF HUSBAND OR WIFE Lena	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Do not know.		16. SOCIAL SECURITY NO. 283-03-6559		17. INFORMANT'S SIGNATURE OR NAME Lena Gormley		ADDRESS Bethany Mo	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				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)		4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 <u>Aug</u>, 19<u>50</u>, to <u>July 8</u>, 19<u>51</u>, that I last saw the deceased alive on <u>July 8</u>, 19<u>51</u>, and that death occurred at <u>11:30</u> a.m. from the causes and on the date stated above.							
23a. SIGNATURE Merriam Pearlart (Degree or title) MB				23b. ADDRESS Bethany Mo		23c. DATE SIGNED 7/19/51	
24a. BURIAL CREMA-TION REMOVAL (Specify) Buried		24b. DATE 7/10/51		24c. NAME OF CEMETERY OR CREMATORY St. Louis Cemetery		24d. LOCATION (City, town, or county) (State) Atchison Kan.	
DATE REC'D BY LOCAL REG. July 10-51		REGISTRAR'S SIGNATURE Zola Burris		25. FUNERAL DIRECTOR'S SIGNATURE W. B. Law		ADDRESS Bethany Mo	

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 1

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



JUL 9 1953

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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.

Signed *W B Haus*

Signed _____
Student Embalmer

Licensed Embalmer No. 3899

P. O. Address Bethany 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.