

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39689**

FILED NOV 25 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **350**

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1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>	
c. LENGTH OF STAY (In this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>1016 East Broadway</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1016 East Broadway</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>NANCY</b> b. (Middle) <b>H.</b> c. (Last) <b>GARMAN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 6 1952</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Sept. 24 - 1866</b>
9. AGE (In years last birthday) <b>86</b>		# UNDER 1 YEAR Months <b>1</b> Days <b>12</b>	# UNDER 1 HRS. Hours <b></b> Mins. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House-keeping</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Pettis Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	

13a. FATHER'S NAME <b>William Henry McVay</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Elliott George Franklin Gorman</b>	
14. NAME OF HUSBAND OR WIFE <b>George Franklin Gorman</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Miss Catherine Gorman</b>		ADDRESS <b>Sedalia</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage (Severe)</b>		DUPLICATE (b) <b>Atelectasis - Hypertension</b>		<b>16 days</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE (c) <b></b>		<b>5 yrs</b>	
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 <b>331X</b>		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 **10-21-52**, 19**52**, to **11-6**, 19**52**, that I last saw the deceased alive on **11-6**, 19**52**, and that death occurred at **C.F.P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Frank B. Long M.D.</b> (Degree or title)		23b. ADDRESS <b>Sedalia Mo</b>		23c. DATE SIGNED <b>11-7-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-8-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Crown Hill</b>	
24d. LOCATION (City, town, or county) <b>Sedalia</b>				(State) <b>Mo</b>	

DATE REC'D BY LOCAL REG. <b>11-8-52</b>		REGISTRAR'S SIGNATURE <b>W. Campbell M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Laughlin Bros</b>	
				ADDRESS <b>Sedalia</b>	

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

**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.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*K.P. McLeary*

Licensed Embalmer No. 3152

P. O. Address Sadale, 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.