

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

*Dr. Gorman*  
State File No. **24439**

FILED AUG 3 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **701**

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Springfield,</b>	c. LENGTH OF STAY (In this place) <b>1 day</b>	c. CITY OR TOWN <b>Springfield,</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Burge Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>1609 Cherry 0396 0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>	b. (Middle) <b>Russell</b>	c. (Last) <b>Jones</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 30, 1953</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>December 13, 1866</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Months <b>7</b>	IF UNDER 24 HRS. Days <b>17</b>	IF UNDER 2 HRS. Hours <b>17</b>	Min. <b>17</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Minister</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Minister</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Wyngham, Ontario</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Samuel Jones</b>	13b. MOTHER'S MAIDEN NAME <b>Jane Daily</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Eudora Jones</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) _____	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. C. C. Cambell</b>	ADDRESS <b>Springfield,</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>Sev. yrs.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Arteriosclerosis, gen'd</b>		
	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"/>
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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) <b>4500</b>
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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? _____
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22. I hereby certify that I attended the deceased from **7**, 19**50**, to **7:30**, 19**53**, that I last saw the deceased alive on **7-29 1953** and that death occurred at **5:45A m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>B. Gorman, M.D.</b> (Degree or title)	23b. ADDRESS <b>Springfield</b>	23c. DATE SIGNED <b>7-30-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug. 1, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hazelwood</b>	24d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>7-30-53</b>	REGISTRAR'S SIGNATURE <b>Carl Williamson</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Gorman-Scharpi Funeral Home, Inc. Springfield, Missouri</b>
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WRITE PLAINLY—USING UNEADING 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.....  
Signature of Student Embalmer

Signed *L. Arthur Gorman*.....

Licensed Embalmer No. *3177*.....

P. O. Address *Springfield*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.