No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7864

BIRTH NO. FILED APR 8 1954 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 218

1. PLACE OF DEATH
a. COUNTY: But ler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff, Mo.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): City Water Plant

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Mo.
b. COUNTY: Butler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
d. STREET ADDRESS (If rural, give location): 305 Homer

0124
0

3. NAME OF DECEASED (Type or Print)
a. (First): Rickie
b. (Middle): Lee
c. (Last): Gorman

4. DATE OF DEATH (Month) (Day) (Year): March 25, 1954

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 0
8. DATE OF BIRTH: Aug. 21, 1948
9. AGE (In years last birthday): 5 — If under 1 year: Months 7, Days 4 — If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Poplar Bluff, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Don Gorman
13b. MOTHER'S MAIDEN NAME: Mary Lucille Meeks
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Don Gorman Poplar Bluff, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Asphyxiation — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): drowning
DUE TO (c): accidental falling in River — E9298 4-2

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 ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Poplar Bluff Butler Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Mar 25 1954 3:45 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell in River

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 3:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Grover W. Ricer Coroner
23b. ADDRESS: Poplar Bluff Mo
23c. DATE SIGNED: Mar 30-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-28-54
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cem.
24d. LOCATION (City, town, or county) (State): Poplar Bluff, Mo.

DATE REC'D BY LOCAL REG.: 3/30/54
REGISTRAR'S SIGNATURE: O. R. Mitchell
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Frank-Cotrell Poplar Bluff, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
APR 5 1954
BUTLER CO. HEALTH CENTER

FILE No.

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 Wallace R. Knight

Licensed Embalmer No. 4514

P. O. Address 412 Vine Poplar Bluff - 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.