

No. 300
10.48

FILED NOV 8 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32682

State File No.

BIRTH NO. 63568-55 REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5391 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Royal-Texas typ</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>	c. CITY OR TOWN <u>Joy</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>XXX</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>1 1/2 mile off Joy</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Avis</u> b. (Middle) <u>Christine</u> c. (Last) <u>Gorman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 24 1955</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>infant</u>	8. DATE OF BIRTH <u>10-20-55</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>4</u> Days <u>4</u> Hours <u>15</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>X</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>At Home Joy Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>

13a. FATHER'S NAME <u>James William Gorman</u>	13b. MOTHER'S MAIDEN NAME <u>Ima Gear Bacon</u>	14. NAME OF HUSBAND OR WIFE <u>xx</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>X</u> (If yes, give war or date of service) <u>X</u>		16. SOCIAL SECURITY NO. <u>X</u>
17. INFORMANT'S SIGNATURE OR NAME <u>James William Gorman</u>		ADDRESS <u>Joy Mo</u>

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature</u>		
	ANTECEDENT CAUSES <u>cause of death unknown.</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>776x</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Delivered by Mrs. Moore (midwife)</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 not seen, 19 , that I last saw the deceased alive on , 19 , and that death occurred at 11:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Deceased or title) <u>Ray Emitcher M.D.</u>	23b. ADDRESS <u>Salmon, Mo.</u>	23c. DATE SIGNED <u>10-25-55</u>
---	---------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>10-25-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Patterson Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Texas County Mo</u>
---	---------------------------	---	--

DATE REC'D BY LOCAL REG. <u>10-25-55</u>	REGISTRAR'S SIGNATURE <u>Ray Emitcher</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u> </u>	ADDRESS <u> </u>
--	---	--	---------------------

(Licensed Embalmer's Statement on Reverse Side)

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 not embalmed, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.