

FILED JAN 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

304

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hosp.		d. STREET ADDRESS 2611 Seneca St.,	
3. NAME OF DECEASED (Type or print) First William Middle Anthony Last Gorman		4. DATE OF DEATH Month Jan Day 10 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 1 1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocerman		10b. KIND OF BUSINESS OR INDUSTRY Grocer	9. AGE (In years last birthday) 68
13. FATHER'S NAME Thomas Gorman		11. BIRTHPLACE (City and state or country) Kansas City, Kansas	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO. 500-07-2658		14. MOTHER'S MAIDEN NAME Hannah Welsh	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Portal cirrhosis		17. INFORMANT Address Agnes Gorman St. Joseph, Mo	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 12-23-56 to 1-10-57	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Hour : Month, Day, Year a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 12-23-56 to 1-10-57 and last saw her/him alive on 1-10-57. Death occurred at 9:15 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE G. T. Chamber M.D.		22b. ADDRESS 902 Edmond St. St. Joseph, Mo.	
22c. DATE SIGNED 1-15-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/12/57	
23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		23d. LOCATION (City, town, or county) (State) St. Joseph, Mo	
24. FUNERAL DIRECTOR John Stapp St. Joseph, Mo		25. DATE RECD. BY LOCAL REG. Jan 18, 1957	
26. REGISTRAR'S SIGNATURE Kathleen M. Allison			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, ~~or by~~, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John E. Papp*.....

Licensed Embalmer No. ³.....

P. O. Address *H. J. Gray*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.