FILED MAR 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5292
STATE FILE NUMBER

Registration District No. 159 Primary Registration District No. 4249 Registrar's No. 20

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hillsboro — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Cedar Grove N. H. — Length of stay in 1b 5 mos.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis 2169 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3935a Miami St. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First HARRY Middle C. Last GORSUCH, SR.
4. DATE OF DEATH Month March Day 1, Year 1957
5. SEX M
6. COLOR OR RACE W 0
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐
8. DATE OF BIRTH 6-8-1886
9. AGE (In years last birthday) 70 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY Automotive Parts
11. BIRTHPLACE (City and state or country) Greenville, Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James A. Gorsuch
14. MOTHER'S MAIDEN NAME Mary Ella Curtis
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. 492-09-4884
17. INFORMANT Address Berde E. Williamson Gorsuch, above

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Oct 1956, to March 1, 1957 and last saw ~~her~~ him alive on 2-28-57
Death occurred at 4:15 PM. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John W. Daake MD.
22b. ADDRESS 3606 Gravois St. Louis Mo
22c. DATE SIGNED 3-2-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 3-4-1957
23c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery
23d. LOCATION (City, town, or county) (State) Chester, Ill.

24. FUNERAL DIRECTOR ADDRESS JAY B. SMITH, Maplewood, Mo.
25. DATE RECD. BY LOCAL REG. 3-2-57
26. REGISTRAR'S SIGNATURE Carl E. Price MD Oleta Riverbeer, Dep

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED
MAR 9 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ..... Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. Allen Davi

Licensed Embalmer No. 4

P. O. Address St 3

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.