

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022578

STATE FILE NUMBER

FILED JUL 7 1958 Registration District No. 209 Primary Registration District No. 30543 Registrar's No. 2716

5. 300
1-57

1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MARION	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HANNIBAL		c. CITY OR TOWN HANNIBAL	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 214 SHEPHERD R.		d. STREET ADDRESS (If outside, give location) 214 SHEPHERD PL.	
Length of stay in lb 25 YRS.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last JOHN LAWRENCE GORMAN			4. DATE OF DEATH Month Day Year JUNE 25, 1958		
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 DEC. 1, 1882	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONDUCTOR		10b. KIND OF BUSINESS OR INDUSTRY WABASH R.R.		11. BIRTHPLACE (City and state or country) BARRY, ILL. 1		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME THOMAS J. GORMAN		13b. MOTHER'S MAIDEN NAME JENNY F. HOUSTON		14. NAME OF HUSBAND OR WIFE MAYME GORMAN			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. - - - - -		17. INFORMANT Address HANNIBAL, MO. MRS. MAYME GORMAN, 214 SHEPHERD R.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Natural Causes		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____		7954	
DUE TO (c) _____			
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 type="checkbox"/> NO <input checked="" 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 _____ a.m. _____ p.m.					

20d. INJURY OCCURRED WHILE AT <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 _____ to _____ and last saw her/him alive on _____ Death occurred at 11:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE (Degree or title) Eugene F. Pfeiffer, Acting Coroner		22b. ADDRESS 1903 Spruce St. Hannibal, Mo.		22c. DATE SIGNED 6-26-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 6-28-58		23c. NAME OF CEMETERY OR CREMATORY PARK LAWN CEMETERY	
24. FUNERAL DIRECTOR Joseph Schuertz		ADDRESS Hannibal, Mo.		25. DATE RECD. BY LOCAL REG. 6-27-1958	
26. REGISTRAR'S SIGNATURE Dr. E. M. Tucker, Jr. & C. Fisher					

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED JUL 2 1958
MARION CO. HEALTH DEPT.
DATE FILED JUL 2 1958

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 *Jack Stewart*

Licensed Embalmer No. *4965*

P. O. Address *Hamil*

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.