

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043295

STATE FILE NUMBER

FILED JAN 5 1959

042

1000

Registrar's No. 1394

Registration District No. Primary Registration District No.

300
1-57

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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. St. Josephs Hosp.		Length of stay in lb 54 years	d. STREET ADDRESS (If outside, give location) 815 1/2 Sylvania		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CLINTON Middle JACOB Last Gorman GORMAN			4. DATE OF DEATH Month Dec. Day 17, Year 1958		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 19, 1882		9. AGE (In years last birthday) 76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Page County, Iowa		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Jacob Gorman		13b. MOTHER'S MAIDEN NAME Bell Miller		14. NAME OF HUSBAND OR WIFE Lillie Mae	
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 St. Joseph, Mo. Mrs. Herman K. Thompson, 6306 Washington		
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 Occlusion					INTERVAL BETWEEN ONSET AND DEATH 5 Min.
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)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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.) ITEM 3 CORRECTED		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.			BY AFFIDAVIT of Informant 1-9-59		
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 St. Joseph		COUNTY _____ STATE _____
21. I attended the deceased from head to toe to _____ and last saw her/him alive on _____ Death occurred at about 2:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Sisters City Health Officer				22b. ADDRESS 302 Parson St. Joseph	
				22c. DATE SIGNED 12-23-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 12/19/1958	23c. NAME OF CEMETERY OR CREMATORY Hopkins Cemetery		23d. LOCATION (City, town, or county) (State) Hopkins, Missouri
24. FUNERAL DIRECTOR Hester-Brown		ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Dec. 26, 1958	26. REGISTRAR'S SIGNATURE Wm. Clark Goodell

All diagnoses in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. L.H. Pifer

JAN 12 1959

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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 William Spalding
Licensed Embalmer No. 535
P. O. Address St. Joseph, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.