

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010649

FILED VS MAR 17 1960

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 44

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Grundy	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton		Length of stay in 1b 9 months	c. CITY OR TOWN Trenton
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wright Memorial Hospital Annex		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 602 E. 9th St.

3. NAME OF DECEASED (Type or print) First Middle Last MYRTLE MARIE GORMAN			4. DATE OF DEATH Month Day Year March 1, 1960		
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5. SEX Female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH Feb. 14, 1902	9. AGE (last birthday) 58	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nurse	10b. KIND OF BUSINESS OR INDUSTRY Nursing Home	11. BIRTHPLACE (City and state or country) Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Joseph T. Flanagan	13b. MOTHER'S MAIDEN NAME Estella O. Wolfe	14. NAME OF HUSBAND OR WIFE XXXXXX
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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. 480-16-9900	17. INFORMANT Address Mrs. Gladys Langdon, Trenton, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>Uremic Convulsions</i>		<i>24 hrs</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Nephritis</i>	<i>Indefinite</i>
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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
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21. I attended the deceased from <i>Feb 22 d 1960</i> to <i>March 1-1960</i> and last saw <input checked="" type="checkbox"/> her alive on <i>Feb 29-1960</i> Death occurred at <i>1:00 a.m</i> on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) <i>B. H. Mullers M.D.</i>	22b. ADDRESS <i>Trenton, Mo.</i>	22c. DATE SIGNED <i>3-1-60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>March 3, 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Weatherman Cemetery,</i>	23d. LOCATION (City, town, or county) (State) <i>Nodaway County, Missouri</i>
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24. FUNERAL DIRECTOR <i>Donald A. Slater</i>	ADDRESS <i>Trenton, Missouri</i>	25. DATE RECD. BY LOCAL REG. <i>3/3/60</i>	26. REGISTRAR'S SIGNATURE <i>Jane Fair</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

0901 8 I 577

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Donald A. Slater

Licensed Embalmer No. 4467

P. O. Address Trenton, Missc

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