

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

UNRECORDED

Registration District No. 277 Primary Registration District No. 4411 Registrar's No. 9 STATE FILE NUMBER -62-003129
FILED FEB 7 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Pike	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bowling Green	a. STATE Missouri	b. COUNTY Pike
Length of stay in 1b 2 yrs.		c. CITY OR TOWN Bowling Green	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 219 West Centennial		d. STREET ADDRESS (If outside, give location) 219 West Centennial	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) James Adam Gourley	4. DATE OF DEATH February 2, 1962
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-18-176	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months: _____ Days: _____	IF UNDER 24 HR Hours: _____ Min: _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Curryville, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Montgomery Gourley	13b. MOTHER'S MAIDEN NAME Sarah Katherine Branstetter	14. NAME OF HUSBAND OR WIFE Never Married
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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. None	17. INFORMANT Address Francis Adams, Bowling Green, 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)	CORONARY OCCLUSION	2-2-62
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)	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 2-2-62 to 2-2-62 and last saw her/him alive on 2-2-62
 Death occurred at 10 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. M. Mathews M.D.	22b. ADDRESS Bowling Green Mo	22c. DATE SIGNED 2-3-62
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-4-62	23c. NAME OF CEMETERY OR CREMATORY New Harmony	23d. LOCATION (City, town, or county) (State) Curryville, Rural, Mo.
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24. FUNERAL DIRECTOR ADDRESS Harold Kirks, Bowling Green, Mo.	25. DATE RECD. BY LOCAL REG. Feb. 3, 1962	26. REGISTRAR'S SIGNATURE Maidee B. Williams
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

STATE OF MISSOURI

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 Harold Kirk

Licensed Embalmer No. 4597

P. O. Address Bowling Green, 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.