

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

35-62-024018
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 5818 Registrar's No. 35
FILED JUN 9 1962

VS 300
Rev. 4/59

5910
20710

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94200

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Morgan</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Moreau Township</u>		c. CITY OR TOWN <u>Versailles</u>		d. STREET ADDRESS <u>Jefferson St.</u>	
Length of stay in 1b <u>6 Years</u>		Inside Limits <input type="checkbox"/> <u>None</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>Morgan</u>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>James</u>		Middle <u>Almon</u>		Last <u>Gorham</u>		Month <u>June</u> Day <u>12</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-3-85</u>	9. AGE (last birthday) <u>77</u>	IF UNDER 1 YEAR	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rural Carrier</u>			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Indiana</u>	Months	Days	Hours
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			13a. FATHER'S NAME <u>Benjamin Simson Gorham</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Welch</u>		
14. NAME OF HUSBAND OR WIFE <u>Neva May Gunn</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		
17. INFORMANT <u>Mrs May Gorham Versailles, Mo.</u>			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) <u>Coronary Occlusion</u>		DUE TO (b) <u>Arteriosclerotic heart disease</u>		DUE TO (c)		<u>10 minutes</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						<u>3 yrs.</u>	
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		
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.		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	
21. I attended the deceased from <u>1959</u> to <u>June 12, 1962</u> and last saw <u>him</u> alive on <u>June 12, 1962</u>		Death occurred at <u>2:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Jack Gunn MD</u>		22b. ADDRESS <u>Versailles, Mo.</u>		22c. DATE SIGNED <u>6-13-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>15 June 62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Big Rock Cemetery</u>		23d. LOCATION (City, town, or county) <u>Morgan Co., Mo.</u>	
24. FUNERAL DIRECTOR <u>Kidwell Funeral Home Versailles, Mo.</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>6-18-62</u>		26. REGISTRAR'S SIGNATURE <u>J. L. Washburn</u>	

USE BLACK INK OR TYPEWRITER RIBBON

JUL 26 1962

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 Raymond C. Lorber

Licensed Embalmer No. 4626

P. O. Address Versailles, 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.