

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0014640

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED APR 24 1964

5511

192

VS 300
Rev. 4/59

1 0420

2 0397

3

4 1

5 0

6

7 0

8 2

9 X

10

11 042

12 91-13

13 1-0

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

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Field's Creek Twp D.O.R.

Length of stay in lb

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

5 mi West Clinton mo.

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Green

c. CITY OR TOWN

Springfield

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS

2040 N. Howard

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

NANCY

GORMAN

4. DATE OF DEATH

Month

Day

Year

4 18 64

5. SEX

Female

6. COLOR OR RACE

W.

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-8-57

9. AGE (last birthday)

7

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NONE

10b. KIND OF BUSINESS OR INDUSTRY

Springfield mo

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

David Gorman

13b. MOTHER'S MAIDEN NAME

Willa Dean Gorman

14. NAME OF HUSBAND OR WIFE

NONE

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

Wendell Gorman Springfield mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Un Known Un-Natural Causes

INTERVAL BETWEEN ONSET AND DEATH

Immed.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Probable Basilar Skull Fracture

DUE TO (c)

and Cervical Spine Fracture

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.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☒

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

2 auto accident

20c. TIME OF INJURY

Hour a.m. p.m. 4-18-64

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Highway 7- Mo

20f. CITY, TOWN, OR LOCATION

Fieldscreek Township

COUNTY

Henry

STATE

Mo

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at _____ A _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

Richard H. King M.D. Henry County Coroner

22b. ADDRESS

106 S. 3rd Clinton Mo

22c. DATE SIGNED

4-18-64

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

4-18-64

23c. NAME OF CEMETERY OR CREMATORY

Springfield

23d. LOCATION (City, town, or county)

Springfield mo

24. FUNERAL DIRECTOR

Sickman & Dennis Clinton mo.

25. DATE RECD. BY LOCAL REG.

April 18, 1964

26. REGISTRAR'S SIGNATURE

Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

2438100

MAR 28 1965

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 R. L. Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton 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.