

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 2024 STATE FILE NUMBER 0031168

DO NOT WRITE ON THIS STUB

AMENDED

SEE FILED 14 64

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u>		c. CITY OR TOWN <u>Clinton</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Clinton Gen Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>1101 S. Main</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Claude JOHN Gorsline</u>		4. DATE OF DEATH Month Day Year <u>Sept 9 1964</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</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>7-24-83</u>
9. AGE (last birthday) <u>81</u>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PLANT PROTECTION MAN Auto.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Detroit Mich</u>	
11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frank Gorsline</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Frederick's</u>	
14. NAME OF HUSBAND OR WIFE <u>Ethel M Gorsline</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>378-26-3898</u>		17. INFORMANT Address <u>Ethel M Gorsline Clinton Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			
IMMEDIATE CAUSE (a) <u>Myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Death at once</u>	
DUE TO (b) <u>Arterio-sclerotic heart disease</u>		6 months	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>None</u>			
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>8/3/64</u> to <u>9/9/64</u> and last saw the <u>him</u> alive on <u>9/8/64</u> Death occurred at <u>5:30</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>S.B. Hughes M.D.</u>		22b. ADDRESS <u>Clinton Mo.</u>	22c. DATE SIGNED <u>9/10/64</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>9-11-64</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Clinton Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>Sickman & Dunning Clinton Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Sept. 10, 1964</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>

USE BLACK INK OR TYPEWRITER RIBBON

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 Clio, 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.