

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21862

FILED JUN 17 1950

State File No. 5037

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Newton</u>			
b. CITY OR TOWN <u>St Louis</u>		c. LENGTH OF STAY (in this place) <u>3 mo</u>		c. CITY OR TOWN <u>Wentworth</u>		1730	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Friser Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>Box 81</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LEATRICE</u> b. (Middle) <u>MARGARET</u> c. (Last) <u>NOLAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6 6 50</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>2-21-1915</u>	9. AGE (in years last birthday) <u>35</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Agent</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (State or foreign country) <u>Wentworth Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>John M Gorman</u>		13b. MOTHER'S MAIDEN NAME <u>Effie Echance</u>		14. NAME OF HUSBAND OR WIFE <u>Robert</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Robert Gorman</u> ADDRESS <u>Wentworth, Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Liposarcoma &amp; metastasis</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Ascites</u> DUE TO (c) _____  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>197X</u>			
22. I hereby certify that I attended the deceased from <u>3-13-1950</u> , to <u>6-6-1950</u> , that I last saw the deceased alive on <u>6-6-1950</u> , and that death occurred at <u>10:15 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Henry W. Mollen MD</u>			23b. ADDRESS <u>4960 Locust St Louis Mo</u>		23c. DATE SIGNED <u>6-6-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>St Patrick</u>		24b. DATE _____		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Pierce City Mo</u>	
DATE REC'D BY LOCAL REG. <u>JUN 8 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Ganten</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Rowland Mortuary Service Inc. 4104 Manchester Ave. St Louis 10 Mo</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5037

JUN 1 1950

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 \_\_\_\_\_  
Student Embalmer

Signed J. Allen Davis

Licensed Embalmer No. 4053

P. O. Address M. Davis

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 this body is not embalmed, fact should be so stated above.