

FILED JUN 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15785

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 4064 Registrar's No. 31

0130
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kidder</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kidder</u>	
c. LENGTH OF STAY (In this place) <u>14 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>Martin</u> c. (Last) <u>Gormly</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-20-1951</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>8-17-1894</u>		9. AGE (In years last birthday) <u>56</u>		IF UNDER 1 YEAR		IF UNDER 24 HOURS	
										Months <u>9</u>		Days <u>3</u>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rural Mail Carrier</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <u>Norwich Kansas</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
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13a. FATHER'S NAME <u>John Gormly</u>				13b. MOTHER'S MAIDEN NAME <u>Jessie Allen</u>				14. NAME OF HUSBAND OR WIFE <u>Bessie Gormly</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give branch) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. _____				17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Bessie Gormly</u> ADDRESS <u>Kidder Mo</u>			
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> <u>10 yrs</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)			
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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?			
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22. I hereby certify that I attended the deceased from 5-7, 1951, to 5-16, 1951, that I last saw the deceased alive on 5-16, 1951, and that death occurred at 11 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>G. W. Wetherston</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Cameron Mo</u>				23c. DATE SIGNED <u>5-21-51</u>			
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 23-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>Kingman Kansas</u>			
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DATE REC'D BY LOCAL REG <u>May 25-51</u>		REGISTRAR'S SIGNATURE <u>Glady's Jones</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Bram Funeral Home</u> ADDRESS <u>Hamilton Mo</u>			
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JUL 13 1951



JUN 16 1951

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.....

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working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed R. Lester Brown

Licensed Embalmer No. 4472

P. O. Address Hamilton, 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 this body is not embalmed, fact should be so stated above.