

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8014**

FILED MAR 17 1952

396

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

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>128</u> | | PRIMARY REG. DIST. NO. <u>2000</u> | | Registrar's No. <u>242</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>GREENE</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>WEBSTER</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u> | | c. LENGTH OF STAY (In this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL, Seymour</u> | | <u>1120</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BAPTIST HOSPITAL</u> | | | | d. STREET ADDRESS (If rural, give location) <u>SEYMOUR R.F.D. 3</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>LETORA</u> | | b. (Middle) _____ | | c. (Last) <u>GORMAN</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>3-8-1952</u> | |
| 5. SEX <u>F.</u> | | 6. COLOR OR RACE <u>W.</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | | 8. DATE OF BIRTH <u>10-16-1887</u> | |
| 9. AGE (In years) last birthday <u>64</u> | | If under 1 year Months <u>4</u> Days <u>22</u> | | If under 24 hrs. Hours <u></u> Min. <u></u> | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOME</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSE WIFE</u> | | 11. BIRTHPLACE (State or foreign country) <u>WRIGHT CO, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>JAMES A. TATE</u> | | 13b. MOTHER'S MAIDEN NAME <u>MARY FUSON</u> | | 14. NAME OF HUSBAND OR WIFE <u>ERIN F. GORMAN</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>NO</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>E. F. GORMAN SEYMOUR MOR. F. D. 3</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Failure (Edema & cyanosis)</u> Heart Disease (Type undetermined - but not valvular) DUE TO (b) _____ DUE TO (c) <u>not valvular</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>10 days</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4341</u> | | | | 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) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR | | | |
| 22. I hereby certify that I attended the deceased from <u>3/7</u> , 19 <u>52</u> , to <u>3/8</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>3/7</u> , 19 <u>52</u> , and that death occurred at <u>1:15</u> p.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Guy S. Callaway M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>Springfield MO</u> | | 23c. DATE SIGNED <u>3/11/52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>3-12-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>SEYMOUR</u> | | 24d. LOCATION (City, town, or county) (State) <u>WEBSTER CO. MO</u> | |
| DATE REC'D BY LOCAL REG. <u>3-12-52</u> | | REGISTRAR'S SIGNATURE <u>James H. Amos, M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Kelley Ferrell Bergman</u> ADDRESS <u>Seymour Mo</u> | | | |

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 W. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Fordland 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.