

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8979

State File No.

FILED APR 7 1952

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>TROY-LINCOLN CO.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>TROY 6570</u>	
b. CITY OR TOWN <u>Troy Rural</u>		c. CITY (If outside corporate limits, give RURAL and give township) <u>Troy Rural Bedford</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deed in Daughters Home</u>		d. STREET ADDRESS (If rural, give location) <u>6 miles North east of Troy</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MALINDA</u>	b. (Middle) <u>C.</u>	c. (Last) <u>GOURLEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 31, 1952</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>NOV. 10, 1863</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>SELF</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JOHNATHAN RICHMOND</u>	13b. MOTHER'S MAIDEN NAME <u>MARY ELEN SULLIVAN</u>	14. NAME OF HUSBAND OR WIFE <u>WILLIAM GOURLEY</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NONE</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. ETHEL RUSSELL, F.O.B. NO. RED</u>	ADDRESS <u>NO. RED</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mal nutrition</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u> <u>several years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Infirmities of old age</u>		
	DUE TO (c)		
II. 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 <u>794X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)	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 March 15, 1952 to March 30, 1952 that I last saw the deceased alive on March 30, 1952 and that death occurred at 9:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>H. J. Kelly</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Troy Mo.</u>	23c. DATE SIGNED <u>4-8-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>4/3/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VAL HALLA CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO., MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>4-1-1952</u>	REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>PROVOST UND. CO.</u>	ADDRESS <u>3710 N. GRAND ST. LOUIS 7, MO.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0570
1

Miss Ethel Russell Daughton
Tray R. J. D. Mo.

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

Gustav W. Dittak

Licensed Embalmer No. 4329

P. O. Address St. Louis, 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.