

STANDARD CERTIFICATE OF DEATH

28599

State File No.

FILED AUG 28 1952

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 122

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

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Conway</u>	
c. LENGTH OF STAY (In this place) <u>1 1/2 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>no St. address</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Memorial</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Herbert</u> b. (Middle) <u>Ranselere</u> c. (Last) <u>Gorman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 16, 1952</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>never married</u>	8. DATE OF BIRTH <u>Dec. 3, 1934</u>	9. AGE (In years last birthday) <u>17</u>	# UNDER 1 YEAR Months <u>8</u>	# UNDER 1 YEAR Days <u>13</u>	# UNDER 1 YEAR Hours <u></u>	# UNDER 1 YEAR Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist at Detroit tool Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dallas Co. Mo.</u>		11. BIRTHPLACE (State or foreign country) <u>U. S. A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
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13a. FATHER'S NAME <u>Kenneth Gorman</u>		13b. MOTHER'S MAIDEN NAME <u>Mabel Thurman</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>489-36-8894</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mabel Gorman</u>				ADDRESS <u>Conway, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed Chest & severe</u>							
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>head injuries He was</u> DUE TO (c) <u>hit by a bus as he crossed</u>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>highway # 66 in Conway Mo.</u>								

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E8165 053 26</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Conway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Laclede Mo.</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug. 16, 1952 5:30 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Bus hit his car as he crossed highway # 66 in Conway Mo.</u>	
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Richard L. Palmer</u>		23b. ADDRESS <u>Lebanon Mo.</u>		23c. DATE SIGNED <u>8/18/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/18/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Charity Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Charity Mo. Dallas Co.</u>	
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DATE REC'D BY LOCAL REG. <u>8-19-1952</u>		REGISTRAR'S SIGNATURE <u>Hilla L. Hays</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>W.E. Holman</u>		ADDRESS <u>Lebanon, Mo.</u>	
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