

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32135

State File No.

S. No. 300
v. 10.48

DECEASED OCT 9 1952

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5626 Registrar's No. 137

530
4

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

1. PLACE OF DEATH a. COUNTY: Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural, ELDRIDGE township)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural 058	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mathews Nursing Home		d. STREET ADDRESS (If rural, give location) Mathews Nursing Home	
3. NAME OF DECEASED a. (First) Mary		b. (Middle) Malinda	
		c. (Last) Gourley	
		4. DATE OF DEATH (Month) (Day) (Year) Sept. 27, 1952	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 31, 1864
9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri U
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Dr. J. C. Barker	
		13b. MOTHER'S MAIDEN NAME Nancy E. Tippit	
		14. NAME OF HUSBAND OR WIFE Harve Gourley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	
		17. INFORMANT'S SIGNATURE OR NAME Eldon Campbell, Lebanon, Mo.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of breast about 1/2 yr. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 170X	
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) m.		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 March 15, 1952, to 9/27, 1952, that I last saw the deceased alive on 9/16, 1952, and that death occurred at 5:15 p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) James L. Hope, M.D.		23b. ADDRESS Lebanon, Mo.	
23c. DATE SIGNED 10/1/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/30/1952	
24c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery		24d. LOCATION (City, town, or county) (State) Laclede Co. Mo.	
DATE REC'D BY LOCAL REG. 10-3-1952		REGISTRAR'S SIGNATURE 424 Hilda L. May	
25. FUNERAL DIRECTOR'S SIGNATURE Palmer's		ADDRESS Lebanon, Mo.	

Received OCT 4 1952
Laclede County Health Unit
File No. 10-52-130
Date Filed OCT 7 1952

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 Richard P. Palmer

Licensed Embalmer No. 4595

P. O. Address Lebanon, 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.