

FILED FEB 1 1953  
 STANDARD CERTIFICATE OF DEATH

State File No. 1158

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5465 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>		
b. CITY OR TOWN <b>RURAL, N. Campbell</b>		c. LENGTH OF STAY (If applicable) <b>52 YRS.</b>	c. CITY OR TOWN <b>RURAL N. CAMPBELL TWHHP.</b>		d. STREET ADDRESS (If rural, give location) <b>Springfield ROUTE # 10</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Springfield ROUTE # 10</b>			d. STREET ADDRESS (If rural, give location) <b>Springfield ROUTE # 10</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>D.</b> c. (Last) <b>O'GORMAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 23 1953</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>OCT. 17, 1864</b>	9. AGE (In years last birthday) <b>88</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>SHEET METAL WORKER</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>ROLLA, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>PATRICK O'GORMAN</b>		13b. MOTHER'S MAIDEN NAME <b>CATHERINE GRIFFIN</b>		14. NAME OF HUSBAND OR WIFE <b>KATE O'GORMAN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>CATHERINE O'GORMAN SPCLD. MO</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Probably Coronary Occlusion</b> INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b> *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. 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. <b>UNATTENDED BY A PHYSICIAN</b> 4201					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 _____ to _____, and that death occurred at <b>7:45am.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Edith Williamson</i>			23b. ADDRESS <b>Greene County Court House Springfield, Missouri</b>		23c. DATE SIGNED <b>1/23/53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>1/26/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ST. MARY</b>		24d. LOCATION (City, town, or county) (State) <b>SPRINGFIELD, MO.</b>
DATE REC'D BY LOCAL REG. <b>1-24-53</b>		REGISTRAR'S SIGNATURE <i>Edith Williamson Reg.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>H.H. LOHMEYER SPRINGFIELD, MO.</b>	

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

**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 Lawrence T. Sevedley

Licensed Embalmer No. 4815

P. O. Address Springfield

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.