No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19431

FILED JUN 1 - 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4653

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: New Hampshire
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Manchester 8280
d. STREET ADDRESS (If rural, give location): 650 Varney Street 8

3. NAME OF DECEASED (Type or Print)
a. (First): ELMER
b. (Middle): JAMES
c. (Last): GORMLEY

4. DATE OF DEATH (Month) 5 (Day) 6 (Year) 53

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 17, 1896
9. AGE (In years last birthday): 57 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General Manager
10b. KIND OF BUSINESS OR INDUSTRY: Sundial Shoe Co.
11. BIRTHPLACE (City and State or Foreign Country): Avon, Mass
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James H. Gormley
13b. MOTHER'S MAIDEN NAME: Helen A. Morse
14. NAME OF HUSBAND OR WIFE: Helen Gormley.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. #1
16. SOCIAL SECURITY NO.: 091-05-3313
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Helen Gormley: Manchester, N. Hamp.

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) CORONARY THROMBOSIS WITH CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: 8 HOURS

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE — SEVERAL YRS

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. DIVERTICULOSIS — UNKNOWN

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: NONE
20. AUTOPSY? YES [X] NO [ ]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

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22. *I hereby certify that I attended the deceased from* 5/6, 1953, *to* 5/6, 1953, *that I last saw the deceased alive on* 5/6, 1953, *and that death occurred at* 5:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F.R. Bradley, MD.
23b. ADDRESS: BARNES HOSPITAL
23c. DATE SIGNED: 5/7/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 5-7-1953
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Manchester, New Hampshire.

DATE REC'D BY LOCAL REG.: MAY 7 1953
REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: C.R. Lupton & Sons 7233 Delmar Blvd.

S.P. (Licensed Embalmer's Statement on Reverse Side)

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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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.