

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11824**FILED **MAY 3 1954**BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **5466** Registrar's No. **406**

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Rural, S. Campbell Twp.		c. CITY (If outside corporate limits, write RURAL and give township) Easttown Berkley City	
c. LENGTH OF STAY (If in this place) 2 yrs 3 mos 24		d. STREET ADDRESS (If rural, give location) Unknown	
d. FULL NAME OF HOSPITAL OR INSTITUTION Medical Center for Federal Prisoners			
3. NAME OF DECEASED (Type or Print) a. (First) Anthony		b. (Middle) Ardeil	
c. (Last) O'Gorman		4. DATE OF DEATH (Month) (Day) (Year) April 21, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH April 24, 1925
9. AGE (In years last birthday) 28		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) No history of employment.	11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME James O'Gorman		13b. MOTHER'S MAIDEN NAME Mabel (?) O'Gorman	
14. NAME OF HUSBAND OR WIFE - - - - -			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 4-26-44 to 8/30/45		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S SIGNATURE OR NAME FILE:M.C.F.P. - Springfield, Missouri		ADDRESS FILE:M.C.F.P. - Springfield, Missouri	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac insufficiency		INTERVAL BETWEEN ONSET AND DEATH Months	
ANTECEDENT CAUSES <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		Over 5 yrs.	
DUE TO (b) Rheumatic Heart Disease			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			
19a. DATE OF OPERATION - - - - -		19b. MAJOR FINDINGS OF OPERATION 4/16 X	
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)		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 Dec. 28, 1951 , to April 21, 1954 , that I last saw the deceased alive on April 21, 1954 , and that death occurred at 8:15p m. , from the causes and on the date stated above.			
23a. SIGNATURE E. C. RINCK, M. D., Clinical Director		23b. ADDRESS Medical Center for Fed. Prisoners, Springfield, Missouri	
23c. DATE SIGNED 4-22-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/23/1954	
24c. NAME OF CEMETERY OR CREMATORY - - - - -		24d. LOCATION (City, town, or county) (State) Saint Louis, Missouri	
DATE REC'D BY LOCAL REG. 4-26-54		REGISTRAR'S SIGNATURE Ernie Williamson	
25. FUNERAL DIRECTOR'S SIGNATURE Clare Hodder		ADDRESS Springfield, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

623 West Walnut
SPRINGFIELD, MISSOURI
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

EMBI & B ADM

STATEMENT BY LICENSED EMBALMER

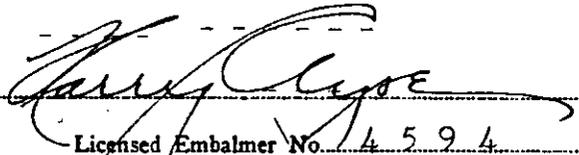
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____



Licensed Embalmer No. 4594

P. O. Address ^{is} Springfield, Missouri

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.