

No. 300  
10. 48

FILED JUN 14 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15599  
Registrar's No. 556

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5464

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 (If outside corporate limits, write RURAL and give township) OR TOWN <b>Willard, Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Willard, Missouri</b>	
c. LENGTH OF STAY (in this place) <b>11 years</b>		0390	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>The Family Home</b>		d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Margaret</b> b. (Middle) <b>Nina</b> c. (Last) <b>Gorsuch</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 10 1954</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 11 1872</b>
9. AGE (In years last birthday) <b>82</b>		IF UNDER 1 YEAR Months <b>5</b> Days <b>29</b>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	11. BIRTHPLACE (State or foreign country) <b>Walnut Grove, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>US A.</b>			
13a. FATHER'S NAME <b>Joseph W. Smith</b>		13b. MOTHER'S MAIDEN NAME <b>Amanda Kelley</b>	14. NAME OF HUSBAND OR WIFE <b>Judge W.R. Gorsuch</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>W.R. Gorsuch, Willard, Missouri</b>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardi nephritis</b> ANTECEDENT CAUSES DUE TO (b) <b>Chronic Bronchial Pneumonia</b> DUE TO (c) <b>&amp; Emphysema</b> 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 _____	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) <b>191 X</b>
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 <b>July 27, 1954</b> , to <b>JUNE 10, 1954</b> , that I last saw the deceased alive on <b>June 10, 1954</b> , and that death occurred at <b>4:15 P.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>W. Williams</b> (Degree or title) _____		23b. ADDRESS <b>Missouri</b>	23c. DATE SIGNED <b>6-10-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 12, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Wesley's</b>
24d. LOCATION (City, town, or county) (State) <b>Near Willard, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>6-12-54</b>		REGISTRAR'S SIGNATURE <b>Earl Williamson</b>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Greenwade-Windle, Willard, Missouri.</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 Bernard F. Wright

Licensed Embalmer No. 4293

P. O. Address Springfield, Vt.

**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.