Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 59-002239

FILED JAN 26 1959 Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY Newton
b. CITY OR TOWN Neosho — Inside Limits Yes XX No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 207 S. Valley — Length of stay in 1b: 80 Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Newton
c. CITY OR TOWN Neosho — Inside Limits Yes XX No ☐
d. STREET ADDRESS (If outside, give location) 207 S. Valley — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Samuel Middle Wilton Last Gorham

4. DATE OF DEATH Month Jan. Day 16, Year 1959

5. SEX Male
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Nov. 8, 1874
9. AGE (In years last birthday) 84 — 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) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (City and state or country) Middlesbury, Ohio
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Donald Hanon Gorham
13b. MOTHER'S MAIDEN NAME Sarah Ann Margues
14. NAME OF HUSBAND OR WIFE Emma Crumbliss Gorham

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Emma Gorham, Address Neosho, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: 10 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): OBSTRUCTIVE JAUNDICE 491X
19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7 JAN 59, to 16 JAN 59 and last saw her/him alive on 16 JAN 1959
Death occurred at 11 pm m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) M.D.
22b. ADDRESS Neosho Mo
22c. DATE SIGNED 17 Jan 59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Jan. 19, 1959
23c. NAME OF CEMETERY OR CREMATORY Oakwood Cemetery
23d. LOCATION (City, town, or county) Newton Co. Missouri (State)

24. FUNERAL DIRECTOR Thompson Funeral Home, ADDRESS Neosho, Mo.
25. DATE RECD. BY LOCAL REG. 1-19-59
26. REGISTRAR'S SIGNATURE Melvin C. Bowman M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 ..... Signature of Student Embalmer

Signed Clyde M. Dawson

Licensed Embalmer No. 5065

P. O. Address Neosho, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

JAN 28 1959