

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-020966  
STATE FILE NUMBER

FILED JUN 30 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 675

S. 300  
1-57

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Greene</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Wright</b>       |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield,</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  | c. CITY OR TOWN <b>Hartville,</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                             |  |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. John's Hospital</b> Length of stay in 1b <b>DOA</b>                                  |  | d. STREET ADDRESS (If outside, give location) <b>Route 2</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |

|  |                               |   |   |   |   |
|--|-------------------------------|---|---|---|---|
| 3. NAME OF DECEASED<br>(Type or print) First <b>EVERETT</b> Middle <b>GOURLEY</b> Last <b>GOURLEY</b>                  |                               |   | 4. DATE OF DEATH <b>June 21, 1959</b><br>Month Day Year                   |   |   |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <b>June 21, 1892</b>                                     | 9. AGE (In years last birthday) <b>67</b>                                     | IF UNDER 1 YEAR<br>Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer and Stockman</b> |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>   | 11. BIRTHPLACE (City and state or country) <b>Wright County, Missouri</b> | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>                                       |   |
| 13a. FATHER'S NAME <b>Unknown</b>  |                               | 13b. MOTHER'S MAIDEN NAME <b>Unknown</b>  |   | 14. NAME OF HUSBAND OR WIFE <b>Clara P. Gourley</b>                           |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>None</b>  |                               | 16. SOCIAL SECURITY NO.   |   | 17. INFORMANT <b>Mrs. Clara P. Gourley</b> Address <b>Hartville, Missouri</b> |   |

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|--|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>GUN SHOT WOUND IN FACE</b> |  | INTERVAL BETWEEN ONSET AND DEATH   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) _____<br>DUE TO (c) _____                           |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)                              |  | 19. WAS AUTOPSY PERFORMED? <b>2</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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|--|--|--|
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)<br><b>HIS WIFE SAID HE SHOT HIMSELF AT THEIR HOME 4 MILES NORTH OF HARTVILLE, Mo. AT 7:00 AM 21 JUNE 1959.</b> |  |
| 20c. TIME OF INJURY <b>7:00 A.M.</b> Hour Month, Day, Year <b>6/21/59</b>  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>  |  |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>On Farm</b>              |  | 20f. CITY, TOWN, OR LOCATION <b>Hartville</b> COUNTY <b>Wright</b> STATE <b>Missouri</b> |

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at **approx 9 A.M.** \_\_\_\_\_ m on the date stated above; and to the best of my knowledge, from the causes stated.

|   |   |                                      |
|---|---|--------------------------------------|
| 22a. SIGNATURE <b>Ralph H. Thorne</b> (Type or print)<br><b>Coroner</b> (Title) | 22b. ADDRESS <b>Springfield, Missouri</b> | 22c. DATE SIGNED <b>21 June 1959</b> |
|---|---|--------------------------------------|

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|--|--------------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b> | 23b. DATE <b>June 23, 1959</b> | 23c. NAME OF CEMETERY OR CREMATORY <b>Steele</b> | 23d. LOCATION (City, town, or county) (State) <b>Hartville, Missouri</b> |
|--|--------------------------------|--|--|

|   |   |  |
|---|---|--|
| 24. FUNERAL DIRECTOR <b>Simpson-Bledsoe Funeral Home</b> ADDRESS <b>Hartville, Missouri</b> | 25. DATE RECD. BY LOCAL REG. <b>6-25-59</b> | 26. REGISTRAR'S SIGNATURE <b>Effie S. Meelon</b> |
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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 *L. Dasher Gorman* .....

Licensed Embalmer No. *3177* .....  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.