

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 2 1960

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=60-014079

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Audrain		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		a. STATE Mo.		b. COUNTY Boone	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain County Hosp.		Length of stay in lb 3 wks		c. CITY OR TOWN Centralia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 448 S. Rollins		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Albert		Middle Michael		Last Gorman		Month Day Year April 22 1960	
5. SEX Male	6. COLOR OR RACE Caucasian	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10, 22, 1876	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months Days 6 0	IF UNDER 24 HR Hours Min. 0 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (retired)		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Boone County, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Edward Gorman		13b. MOTHER'S MAIDEN NAME Susan Fagg		14. NAME OF HUSBAND OR WIFE Kathryn Gorman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Address Mrs Kathryn Gorman, Centralia, Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH 2 months
IMMEDIATE CAUSE (a)		Myocardial failure				unknown	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Generalized arteriosclerosis				unknown	
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Prostatic hyperplasia duration unknown					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 May 25, 1959 to April 22, 1960 and last saw ^{her} him alive on April 22, 1960 Death occurred at 7:05 A. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE L. Lachance (Degree or title) M. D.				22b. ADDRESS 110 West Sneed, Centralia, Mo		22c. DATE SIGNED 4/22/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Apr. 24 '60		23c. NAME OF CEMETERY OR CREMATORY Centralia		23d. LOCATION (City, town, or county) (State) Centralia, Mo.	
24. GENERAL DIRECTOR ADDRESS Bill O. Meador Centralia, Missouri				25. DATE RECD. BY LOCAL REG. April 23-1960		26. REGISTRAR'S SIGNATURE Blanche Neely	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAY 10

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bill J. Meadows

Licensed Embalmer No. 4876

P. O. Address Centerville, Ill.

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.