

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-033691

Registration District No. 246 Primary Registration District No. 5835 Registrar's No. 436 STATE FILE NUMBER

FILED SEP 26 1961
 1. PLACE OF DEATH
 a. COUNTY Newton

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Jasper
NEWTON
 c. CITY OR TOWN Joplin Inside Limits Yes No
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3908 Missouri Avenue Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 3908 Missouri Avenue Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
LEAM MARGARET GORMAN September 6, 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 8-29-1887 9. AGE (last birthday) 74 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Own Home 11. BIRTHPLACE (City and state or country) Sarcoxie, Missouri 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Thomas Wicks 13b. MOTHER'S MAIDEN NAME Margaret Newman 14. NAME OF HUSBAND OR WIFE Jsoeph C. 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 Miss Mary Gorman, 3908 Missouri Avenue, Joplin, Missouri Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Heart block, first degree complete INTERVAL BETWEEN ONSET AND DEATH Instant
 DUE TO (b) Hypertension 9 years
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) Coronary Insufficiency 9 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 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 Month, Day, Year
 a.m. p.m.

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 December 16, 1952 to September 6, 1961 last saw her alive on August 28, 1961.
 Death occurred at: 2:00 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) 22b. ADDRESS 321 Frisco Bldg, Joplin, Mo. 22c. DATE SIGNED 9/11/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 9-9-1961 23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park Cem. 23d. LOCATION (City, town, or county) (State) Joplin, Missouri

24. FUNERAL DIRECTOR Thornhill-Dillon Mortuary, Joplin, Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. 9-18-1961 26. REGISTRAR'S SIGNATURE [Signature]

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

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 _____

David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, 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.