

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-011714

STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 79

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 9 1962

1. PLACE OF DEATH
 a. COUNTY Laclede
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon Length of stay in 1b Life
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Wallace Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Laclede
 c. CITY OR TOWN Lebanon Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 878 East St. Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last Georgia Ellen Gourley
 (Type or print)

4. DATE OF DEATH Month Day Year March 30, 1962

5. SEX Female 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 6/25/1899 9. AGE (last birthday) 62
 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY - 11. BIRTHPLACE (City and state or country) Laclede Co. Mo. U. S. A. 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME James West 13b. MOTHER'S MAIDEN NAME Nina Weddle 14. NAME OF HUSBAND OR WIFE Oliver Gourley

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. [Redacted] 17. INFORMANT Oliver Gourley Address Lebanon Mo.

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) acute cerebral hemorrhage INTERVAL BETWEEN ONSET AND DEATH 14 hrs.
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis, Generalized
 DUE TO (c) _____
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) acute myocardial infarction 1 yr. ago. 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 Jan. 24, 1961 to 3-30-62 and last saw her alive on MARCH 30, 1962
 Death occurred at 8: P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) B B Hurst, M.D. 22b. ADDRESS 255 N. ADAMS, LEBANON, Mo. 22c. DATE SIGNED 4-2-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4/3/1962 23c. NAME OF CEMETERY OR CREMATORY City Cemetery 23d. LOCATION (City, town, or county) (State) Lebanon Mo.

24. FUNERAL DIRECTOR Dorsey M. Howe ADDRESS Lebanon Mo. 25. DATE RECD. BY LOCAL REG. 4-2-1962 26. REGISTRAR'S SIGNATURE Hella L. Day

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 ITEM NO.

DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

VS 300 Rev. 4/59
 10535
 205352
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 9331X
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 13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

APR 10 1962

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon 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.

Permit issued April 2-1962, N. S. M.