

FILED MAY 27 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE — MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

124

STATE FILE NUMBER

68 0021419

CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUB

9. 1
10a. P6
10b.
11. 0
12. 2
13. 4123
14.
15. 4
16.
17.
18. 2
19. CREDITS
20. 2-0

VS 300
Rev. 1/684. 0810
5. 90USUAL RESIDENCE
WHERE DECEASED
LIVED, IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.6. 0810
PARENTS

CAUSE

CERTIFIER

BURIAL

Registration District No. 276 Primary Registration District No. 4410 Registrar's No. 31

DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. MARY FRANCIS GORMAN			2. Female	3. MAY 17, 1968		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS) MOS. DAYS	UNDER 1 YEAR UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. White		5a. 86	5b. 5c.	6. JAN. 6, 1882		7a. Phelps
CITY, TOWN, OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. ST. James			7c. yes 7d. 223 Springfield ST.			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. MO.		9. USA		10. Widow		11. —
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		
12. —		13a. Retired Housewife		13b. —		
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER
14a. MO.		14b. Phelps	14c. ST. James		14d. No.	14e. R. F. B.
FATHER—NAME FIRST MIDDLE LAST			MOTHER—MAIDEN NAME FIRST MIDDLE LAST			
15. John STOTTER			16. — Ziegler			
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Ida Bullock			17b. 223 Springfield ST. - ST. James, MO. 65559			
PART I. DEATH WAS CAUSED BY:			[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE						
(a) Arteriosclerotic Heart Disease -						
DUE TO, OR AS A CONSEQUENCE OF:						
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST			(b) Generalized Arteriosclerosis -			
			DUE TO, OR AS A CONSEQUENCE OF:			
			(c)			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO)
						19a. No
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH						19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
20a.	20b.	20c.	20d.			
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION	[STREET OR R.F.D. NO., CITY OR TOWN, STATE]			
20a.	20b.	20c.	20d.			
CERTIFICATION—PHYSICIAN:	MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON	AND DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
21a. I ATTENDED THE DECEASED FROM	5 12 64	21b. 5 17 68	21c. 5 10 68	21d.	21e. 8:00 A.M.	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.			HOUR OF DEATH	THE DECEDENT WAS PRONOUNCED DEAD		
22a.			22b.	22c.		
CERTIFIER—NAME (TYPE OR PRINT)			SIGNATURE	DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)	
23a. W. W. JAMES D.D.			23b. [Signature]		23c. 5/19/68	
MAILING ADDRESS—CERTIFIER			STREET OR R.F.D. NO.	CITY OR TOWN	STATE	ZIP
23a.			23b. 110 N Jefferson	23c. ST. James, MO	23d. MO	23e. 65559
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME		LOCATION			
24a. Burial	24b. Gorman Cemetery		24c. R.R. ST. James, MO.			
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
24a. MAY 20-1968	24b. Wiekliker James F.W. ST. James, MO.					
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR			
25a. [Signature]	25b. [Signature]		25c. 5-19-68			

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

MAY 29 1968

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 me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Oral Eticklier

Licensed Embalmer No. 3546

P. O. Address St James 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.