

FILED SEP 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27313**

BIRTH NO. _____ REG. DIST. NO. **298** PRIMARY REG. DIST. NO. **6023** Registrar's No. **7**

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE mo b. COUNTY Ray	
b. CITY OR TOWN Rural Knobel Dap		c. CITY OR TOWN Rural	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		f. STREET ADDRESS (If rural, give location) 0890	

3. NAME OF DECEASED (Type or Print) a. (First) Hampton b. (Middle) Hayni c. (Last) Gorham			4. DATE OF DEATH (Month) (Day) (Year) 9 2 55		
5. SEX M.	6. COLOR OR RACE Wh.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 17 - 1869		9. AGE (In years last birthday) 86 If UNDER 1 YEAR: Months 6 Days 15 If UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Ray Co. mo		12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Tom Gorham		13b. MOTHER'S MAIDEN NAME Maryann Scholer		14. NAME OF HUSBAND OR WIFE Mattie Gorham	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME Mattie Gorham ADDRESS Polo mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Haemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Femoral artery severed DUE TO (c) Log caught in wife's II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Branch, which climbing over			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION E93600 22		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 089 Ray mo	
21d. TIME OF INJURY 9-2-55-10a		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Log caught in Barb wire	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. A. F. Baber, Colonel		23b. ADDRESS Residence mo		23c. DATE SIGNED 9-2-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Rural		24b. DATE Sept. 4, 1955		24c. NAME OF CEMETERY OR CREMATORY Thompson Cemetery	
		24d. LOCATION (City, town, or county) (State) Ray Co. mo			

DATE REC'D BY LOCAL REG. Sept. 7, 1955		REGISTRAR'S SIGNATURE Mrs. Raymond Gibson		25. FUNERAL DIRECTOR'S SIGNATURE Abraham & Cowley ADDRESS Polo mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 L. Howells*

Licensed Embalmer No. *49*

P. O. Address. *Pole, N.*

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.