

FILED JUN 30 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20025**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **298** PRIMARY REG. DIST. NO. **6024** Registrar's No. **10**

890

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Ray</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Elmira</b>		c. LENGTH OF STAY (in this place) <b>30 yrs.</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>0 896 0</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Loretta</b>	b. (Middle) <b>G.</b>	c. (Last) <b>Gorham</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>6 18 1954</b>
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5. SEX <b>F.</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>8-10-1864</b>	9. AGE (In years last birthday) <b>89</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>8</b>	IF UNDER 24 hrs. Hour <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Knoxville, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Wiley Preston Mayes</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Jane Mayes</b>	14. NAME OF HUSBAND OR WIFE <b>Herling Price Gorham</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <b></b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. James Campbell, Elmira, Mo.</b>	ADDRESS <b>Elmira, Mo.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b> <b>2 wks.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypostatic Pneumonia</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Left Hemiplegia</b> DUE TO (c) <b>Essential Hypertension</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>332 X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY-TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Elmira Ray Mo</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1952** to **June 18, 1954**, that I last saw the deceased alive on **June 17, 1954**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Stetson D. Quehrer M.D.</b> (Degree or title)	23b. ADDRESS <b>Lawson Mo.</b>	23c. DATE SIGNED <b>6/21/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-20-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sandals Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Ray County Mo.</b>
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DATE REC'D BY LOCAL REG. <b>June 22, 1954</b>	REGISTRAR'S SIGNATURE <b>Mrs. Raymond Krode</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Alphonse &amp; Lemley</b>	ADDRESS <b>Polk Mo.</b>
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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 .....  
Student Embalmer

Signed Erwin S. Nowicki

Licensed Embalmer No. 4924

P. O. Address Polo, 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 this body is not embalmed, fact should be so stated above.