

FILED DEC 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37860

State File No.

 BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6024 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>Ray</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clmoria</u>		c. LENGTH OF STAY (In this place) <u>20 yr.</u>	c. CITY (If outside corporate limits, write RURAL and give township). OR TOWN <u>Clmoria</u>		d. STREET ADDRESS (If rural, give location) <u>0 8 90 0</u>
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)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>LUTHER</u> b. (Middle) <u>ALLEN</u> c. (Last) <u>GORHAM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 27 1955</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 25 1886</u>	9. AGE (In years last birthday) <u>69</u>	10. MONTHS <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Lumberman</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Polo Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Sterling Price Gorham</u>		13b. MOTHER'S MAIDEN NAME <u>Loretta Mayes</u>		14. NAME OF HUSBAND OR WIFE <u>Decie Colman Gorham</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>496-09-8490</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Frank Barnett Clmoria Mo</u>			
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) <u>Chronic Myocarditis & Cardiac Infarct</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypothyroidism</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4222</u>				
18. CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u> <u>20 yrs</u>				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				
19a. DATE OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
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) <u>Clmoria Ray Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1945</u> , to <u>11/27</u> , 1955, that I last saw the deceased alive on <u>11/25</u> , 1955, and that death occurred at <u>2 1/2</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Clatus Buehler M.D.</u>		23b. ADDRESS <u>Lawson Mo</u>		23c. DATE SIGNED <u>11/28/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Nov. 28 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sandals Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ray Co. Mo</u>		
DATE REC'D BY LOCAL REG. <u>Dec 1-1955</u>	REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>2738</u>	ADDRESS <u>Jarman-Prichard Lawson Mo</u>		

(Licensed Embalmer's Signature on Reverse Side)

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

Ludell Jarman

Licensed Embalmer No. *4589*

P. O. Address *Excelsior Springs, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.