

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6719

Do not use this space.

1. PLACE OF DEATH

(a) County Knox Registration District No. 169
(b) Township Newark Primary Registration District No. 4259 Registered No. 89
(c) City Newark (d) Street No. 1 St. 0
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Paul F. Gordinier

(a) Residence, No. 0 St. 0
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 1 married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillie Gordinier
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7, 1877
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
65 8 16
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Mail Order Business
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomfield La. 1

FATHER 13. NAME Edward Jerome Gordinier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind. 1

MOTHER 15. MAIDEN NAME Friedricha Hobett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Herrman 4

17. INFORMANT Earl Gordinier (ADDRESS) Quincy St. 222

18. BURIAL, CREMATION, OR REMOVAL PLACE Newark DATE Feb. 27, 1943

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thomas Ball Ewing, Mo

20. FILED Mar 2, 1943 Walter Thorken (Address) Newark, Mo
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23, 1943

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1939 to Feb, 1943
I first saw him alive on Feb 22, 1943 Death is said to have occurred on the date stated above, at 3:00 P.M.
The principal cause of death and related causes of importance were as follows:

Coronary thrombosis Date of onset
Arteriosclerosis Several years
Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? EKG Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify Waldo B Brown M. D.
(Signed) Waldo B Brown (Address) Newark, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

52
0
0

1142

RECEIVED

District Health Officer No. 10

District File Number 3-43-515

Date Filed MAR 11 1943

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... Thomas Ball

Licensed Embalmer No. 1744

P. O. Address..... Ewing 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 this body is not embalmed, above space should be left blank.