

FILED MAY 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16189**
1888
Registrar's No. _____

| | | | | | | | |
|--|--|--|---|--|--|--|---------------|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Mo</u> | | | c. LENGTH OF STAY (In this place) <u>15 hrs</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | | 429 1-3-50 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital #1</u> | | | | d. STREET ADDRESS (If rural, give location) <u>8310 Wabash</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>Richard</u> | | b. (Middle) _____ | | c. (Last) <u>Van Gordon</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>4-28-49</u> | | 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED (NEVER MARRIED) WIDOWED, DIVORCED (Specify) <u>child</u> | |
| 8. DATE OF BIRTH <u>7-20-48</u> | | 9. AGE (In years last birthday) <u>7</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 24 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>child</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Virgil Van Gordon</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Esther Searcy</u> | | | 14. NAME OF HUSBAND OR WIFE _____ | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>General Hospital Record, K. C. Mo.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Glomerulonephritis</u> | | ANTECEDENT CAUSES <u>Uremia</u> | | | | | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____ | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS <u>5927</u> | | Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____ | | | |
| 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>April 28th 1949</u> , to <u>April 28, 1949</u> ; that I last saw the deceased alive on <u>4-28-49</u> , and that death occurred at <u>3:10 P. M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Wm. W. Hart</u> (Degree or title) | | | | 23b. ADDRESS <u>Med. Director General Hospital</u> | | 23c. DATE SIGNED _____ | |
| 24a. BURIAL, CREMATION (REMOVAL) (Specify) <u>Burial</u> | | 24b. DATE <u>Apr. 30, '49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Belton Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Belton, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>4-29-49</u> | | REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. T. George & Sons Belton Mo.</u> | | | |

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.

Signed _____

A. K. George

Signed _____

Student Embalmer

Licensed Embalmer No. _____

3645

P. O. Address _____

Chandover, N.J.

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.