

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19557  
2673

FILED JUL 8 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (In this place) <u>50 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>2960 EAST 28TH STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2960 EAST 28TH STREET</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>LUNSFORD</u> c. (Last) <u>GORDON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE-18-1949</u>		
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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>MARCH-15-1877</u>		9. AGE (In years last birthday) <u>72</u>		10. MONTHS <u></u> 11. DAYS <u></u> 12. HOURS <u></u> 13. MIN. <u></u>	
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10a. USUAL OCCUPATION (Other kind of work done during most of working life, even if retired) <u>RETIRED HAY DEALER HAY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HAY</u>		11. BIRTHPLACE (State or foreign country) <u>PARDEE, KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>WILLIAM L. GORDON</u>		13b. MOTHER'S MAIDEN NAME <u>MARY M. SNYDER</u>		14. NAME OF HUSBAND OR WIFE <u>FLORENCE GORDON</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>496-05-4909</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>W. Lowell Gordon - 7817 Madison</u>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Parkinsons Disease</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gen. malaise</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3917</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>350X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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?	

22. I hereby certify that I attended the deceased from Mar, 1946, to June 17, 1949, that I last saw the deceased alive on 17 Jan, 1949, and that death occurred at 8:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>William W. Glad</u> (Degree or title) <u>Gen. Med. J.</u>		23b. ADDRESS <u>1600 Park Blvd. N.E. Mo.</u>		23c. DATE SIGNED <u>June 20 49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 21, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
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DATE REC'D BY LOCAL REG. <u>6-21-49</u>		REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bill Newcomer's Sons 1331 BUSH CREEK BLVD KANSAS CITY, MO.</u>	
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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.

Signed John C. Fraloring

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4983

P. O. Address Kansas City, 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, fact should be so stated above.