

FILED AUG 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25765

State File No. ....

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 153

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived.. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>	
c. LENGTH OF STAY (in this place) <u>60 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>159 Haynie St.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>159 Haynie St.</u>		d. STREET ADDRESS (If rural, give location) <u>159 Haynie St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Douglas</u> b. (Middle) <u>Albert</u> c. (Last) <u>Gordon</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 26 1949</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>Nov. 9-1884</u>
9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>8</u> Day <u>17</u>	IF UNDER 4 HRS. Hours <u>17</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Factory</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer-Janitor</u>	11. BIRTHPLACE (State or foreign country) <u>Marshall, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Tuck Gordon</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Tudors</u>	
14. NAME OF HUSBAND OR WIFE <u>Bonnie Short Gordon</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>	16. SOCIAL SECURITY NO. <u>499-10-6014</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Bonnie Gordon-Marshall, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input 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) (m.)	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>7/23/49</u> , 19 <u>49</u> , to <u>7/26</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>7/26</u> , 19 <u>49</u> and that death occurred at <u>5 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>[Address]</u>	
23c. DATE SIGNED <u>7/28/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 28-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Blue Lick Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>South of Marshall, Mo.</u>
DATE REC'D BY LOCAL REG. <u>July 28-1949</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	385 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature]</u>	

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

RECEIVED AUG 1  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 8-10-49

AUG 1 2000

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 J. Leslie Sweeney  
Licensed Embalmer No. 3235

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

P. O. Address Marshall, N

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.