

FILED AUG 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26904
Registrar's No. 3390

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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|--|--|---|--|
| 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>Jalay</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Liberty, Mo</u> | |
| c. LENGTH OF STAY (In days) <u>67da</u> | | d. STREET ADDRESS (If rural, give location) <u>222 N. Main</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rescorl Hospital</u> | | | |

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|--|---------------------------|-----------------------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>BAYLISS</u> | b. (Middle) <u>THORNTON</u> | c. (Last) <u>GORDON</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 3 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>NEVER MARRIED</u> | 8. DATE OF BIRTH <u>OCT 16 1884</u> | 9. AGE (In years) (last birthday) <u>64</u> | IF UNDER 1 YEAR Months Days <u>7 17</u> | IF UNDER 24 HRS. Hours Min. <u>1 17</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER-LAWYER</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u> | 11. BIRTHPLACE (State or foreign country) <u>CLAY COUNTY, MISSOURI</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>BAYLISS THORNTON GORDON</u> | 13b. MOTHER'S MAIDEN NAME <u>MARY E. NELSON</u> | 14. NAME OF HUSBAND OR WIFE <u>NONE</u> |
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| 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>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>ALLEN WHERRITT, LIBERTY, MO</u> | ADDRESS |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>2 mo</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure</u> | | |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>MASSIVE Emphysema + Asthma</u> - DUE TO (c) | | <u>7 yr -</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>The Hip - Left</u> | | | <u>60 yr -</u> |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>241X</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) |
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| 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? |
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22. I hereby certify that I attended the deceased from Nov. 1942 to Aug 3, 1949, that I last saw the deceased alive on Aug 2, 1949, and that death occurred at 8:49 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Glenn W. Hendren</u> (Degree or title) <u>MD</u> | 23b. ADDRESS <u>Liberty, Mo</u> | 23c. DATE SIGNED <u>8/3/49</u> |
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| 24a. FUNERAL CREMATION REMOVAL (Specify) <u>buried</u> | 24b. DATE <u>Aug 5/49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u> | 24d. LOCATION (City, town, or county) (State) <u>Liberty Mo</u> |
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| DATE REC'D BY LOCAL REG. <u>8-6-49</u> | REGISTRAR'S SIGNATURE <u>Sheraldine H. Jones</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Churchman</u> | ADDRESS <u>Orlando Co.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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338

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 Semberoff

Signed _____
Student Embalmer

Licensed Embalmer No. *4448*

P. O. Address *Liberty 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.