

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31054**

FILED SEP 16 1949

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **302**

1. PLACE OF DEATH a. COUNTY Marion			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Marion 11		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal 67		d. STREET ADDRESS (If rural, give location) 1207th Church St
d. FULL NAME OF HOSPITAL OR INSTITUTION St Elizabeth Hospital					
3. NAME OF DECEASED (Type or Print) EUGENIE W. Gordon			4. DATE OF DEATH (Month) (Day) (Year) aug 27 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 11, 1900	9. AGE (In years last birthday) 48	10. IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus Driver	10b. KIND OF BUSINESS OR INDUSTRY Transportation	11. BIRTHPLACE (State or foreign country) Paducah, Kentucky		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME T.S. Gordon		13b. MOTHER'S MAIDEN NAME ORA B. EUBANK		14. NAME OF HUSBAND OR WIFE OPHELIA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 489-08-6717	17. INFORMANT'S SIGNATURE OR NAME Mrs Ophelia Gordon ADDRESS Hannibal		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion - acute			INTERVAL BETWEEN ONSET AND DEATH acute
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			30 days
		II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.			4201
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)		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 **8/24/49** to **8/27/49**, that I last saw the deceased alive on **Aug 27, 1949**, and that death occurred at **10:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE F. E. Sultzman M.D. (Degree or title)		23b. ADDRESS 115 North 5th, Hannibal, Mo.		23c. DATE SIGNED 8/29/49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE aug 30 1949	24c. NAME OF CEMETERY OR CREMATORY St Mary Cemetery	24d. LOCATION (City, town, or county) (State) Hannibal Mo		
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DATE REC'D BY LOCAL REG. 9-12-49	REGISTRAR'S SIGNATURE Dr. E. M. Lucke	FURNERAL DIRECTOR'S SIGNATURE James O'Donnell	ADDRESS Hannibal		
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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.

Student
Student Embalmer

Signed *Michael J. Howell*

Licensed Embalmer No. *3246*

P. O. Address *Hansetal 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.