No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 8 1950

State File No. 16048

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 180

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton
c. LENGTH OF STAY (In this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Callaway Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Callaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton 142
d. STREET ADDRESS (If rural, give location): Jefferson St. 0

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Farrah
c. (Last): Gordon

4. DATE OF DEATH (Month) (Day) (Year): May 29, 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 18, 1868
9. AGE (In years last birthday): 81 — If under 1 year: Months 9, Days 11 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Robert Gordon
13b. MOTHER'S MAIDEN NAME: Polly Behemeyer
14. NAME OF HUSBAND OR WIFE: Stella Gordon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: R. M. Gordon, Fulton, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Senility — ?

DUE TO (c): 491 X F

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: Fall — 10 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): ? Callaway Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Tripped & Fell

22. *I hereby certify that I attended the deceased from* 5-23 *, 1950, to* 5-29 *, 1950, that I last saw the deceased alive on* 5-28 *, 1950 and that death occurred at* 2⁰⁰ *m., from the causes and on the date stated above.*

23a. SIGNATURE: John J. Brown (Degree or title) M.D.
23b. ADDRESS: Fulton Mo
23c. DATE SIGNED: 5-29-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/31/1950
24c. NAME OF CEMETERY OR CREMATORY: Pisque
24d. LOCATION (City, town, or county) (State): Sturgeon Mo.

DATE REC'D BY LOCAL REG.: June 3-1950
REGISTRAR'S SIGNATURE: Maretta Lawrence 426
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Mangin Funeral Home, Fulton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUN 5 1958
District Health Officer No. 9,
District File Number

AUG 7 1950

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 .....

working under my personal supervision.

Student Embalmer No. .....

Signed Walter J. Haines, Jr.

Signed .....
Student Embalmer

Licensed Embalmer No. 4 5 5 7

P. O. Address Fulton, Me.

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.