

FILED AUG 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22617

BIRTH NO. _____		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. 199	
1. PLACE OF DEATH a. COUNTY <b>Adair</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Knox</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirksville</b>		c. LENGTH OF STAY (in this place) <b>2 da.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Newark</b>		<b>0520</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>K. C. O. S. Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>1</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lilly</b>			b. (Middle) <b>Dale</b>		c. (Last) <b>Gordinier</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 29, 1950</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow 2</b>	8. DATE OF BIRTH <b>March 31, 1874</b>	9. AGE (In years last birthday) <b>76</b>		IF UNDER 1 YEAR Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Newark Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Raymond Teachenor</b>			13b. MOTHER'S MAIDEN NAME <b>Chasecock</b>		14. NAME OF HUSBAND OR WIFE <b>Paul Gordinier</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Harold R. Gordinier Newark Mo</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>medullary failure</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>cerebral hemorrhage</b> DUE TO (c) <b>hypertension</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>40 hours</b> <b>48 hours</b> <b>years</b> <b>231X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <b>July 27, 1950</b> , to <b>July 29, 1950</b> , that I last saw the deceased alive on <b>July 29, 1950</b> , and that death occurred at <b>8:46 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>M. T. Gutwaska D.D.S.</b>				23b. ADDRESS <b>Kirksville Mo</b>		23c. DATE SIGNED <b>7-29-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>7-31-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Newark Mo</b>		24d. LOCATION (City, town, or county) (State) <b>Kirksville Mo</b>	
DATE REC'D BY LOCAL REG. <b>7-29-50</b>		REGISTRAR'S SIGNATURE <b>Nate Lambert</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Robert O. Davis</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

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SEP 26 1950

RECEIVED JUL 31 1950  
District Health Officer No. 10  
District File Number 8-50-1239  
Date Filed AUG 4 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 Robert B. Davis

Signed.....  
Student Embalmer

Licensed Embalmer No. 4219

P. O. Address Kirksville 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.