

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23447

State File No. _____

FILED JUL 20 1950

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 30

040

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

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Ironton</u>		c. LENGTH OF STAY (If in this place) <u>22 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's of the Ozarks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fredericktown</u> <u>0621</u>	
		d. STREET ADDRESS (If rural, give location) <u>135a East Main</u> <u>1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mae</u> b. (Middle) <u>Belle</u> c. (Last) <u>Gordon</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 5 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 13, 1900</u>
9. AGE (In years last birthday) <u>50</u>		IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u>	IF UNDER 4 HRS. Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			
13a. FATHER'S NAME <u>A. D. Ewing</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Elliott</u>	14. NAME OF HUSBAND OR WIFE <u>W. A. Gordon</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>497-10-4800</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W. A. Gordon, Fredericktown, Mo.</u> ADDRESS _____
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute bilateral bronchial pneumonia</u> ANTECEDENT CAUSES <u>acute bronchitis</u> DUE TO (b) <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> <u>chronic myocarditis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>2 weeks</u> <u>?</u> <u>4222</u>	
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) (Min.)		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>5-9-50</u> , 19 <u>50</u> , to <u>July 5</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>July 5</u> , 19 <u>50</u> , and that death occurred at <u>10:45 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. E. Harland</u>		23b. ADDRESS <u>Ironton, Missouri</u>	
23c. DATE SIGNED <u>7/7/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/7/50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mayberry Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Genevieve Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 14 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. Avis Jones</u> <u>128</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Sam Najin, Jr.</u>		ADDRESS <u>Fredericktown, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUL 15 1950
District Health Office No. 6,
District File Number _____
Date Filed _____

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 William B. O'Connor

Licensed Embalmer No. 3975

P. O. Address Fredericktown 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.