

FILED SEP 12 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27435  
Registrar's No. 175

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5582

1. PLACE OF DEATH a. COUNTY Jasper 0490		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN "Rural" Jackson township) c. LENGTH OF STAY (In this place) 4 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" Jackson 0490	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. #1 Diamond		d. STREET ADDRESS (If rural, give location) Rt. #1 Diamond 0	

3. NAME OF DECEASED (Type or Print) a. (First) James	b. (Middle) Lester	c. (Last) GORDON'	4. DATE OF DEATH (Month) (Day) (Year) Sept. 5, 1951
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 4, 1893	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter & Contractor	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Stockton, Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John T. Gordon	13b. MOTHER'S MAIDEN NAME Mary L. Vice	14. NAME OF HUSBAND OR WIFE Carrie E. Calloway Gordon
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY (If yes, give war or dates of service) 491 14 2768	17. INFORMANT'S SIGNATURE OR NAME Mrs. Carrie Gordon	ADDRESS Rt. #1 Diamond, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Lympho Sarcoma</i>		INTERVAL BETWEEN ONSET AND DEATH <i>about 2 yrs</i>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>tooth antitubercular</i>		
	DUE TO (c) <i>&amp; Pulmonary Metastases</i> <i>Duration Anterior</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 4-26, 1951, to 9-5, 1951, that I last saw the deceased alive on 8-26, 1951, and that death occurred at 6:28P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>[Signature]</i> M.D.	23b. ADDRESS Carthage, Mo.	23c. DATE SIGNED 9-6-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-8-1951	24c. NAME OF CEMETERY OR CREMATORY Stockton Cemetery	24d. LOCATION (City, town, or county) (State) Stockton, Missouri
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DATE REC'D BY LOCAL REG. 9-7-51	REGISTRAR'S SIGNATURE <i>[Signature]</i> 134	25. FUNERAL DIRECTOR'S SIGNATURE Ulmer Funeral Home	ADDRESS Carthage, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*merpeul*

RECEIVED

9-11-51

Jasper County Health Office

County File Number 57/9/779

Date Filed 9-11-51

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. \_\_\_\_\_

*Gene. C. Pugh*  
Gene. C. Pugh.

Student \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.