

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

150 AUG 12 1952

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

BIRTH NO. _____		REG. DIST. NO. <u>282</u>		PRIMARY REG. DIST. NO. <u>5968</u>		Registrar's No. <u>94</u>		
1. PLACE OF DEATH a. COUNTY <u>0840</u> <u>Calhoun</u>				2. USUAL RESIDENCE (Where deceased lived if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Calhoun</u>				
b. CITY OR TOWN <u>Halfway Benton Sup</u>		c. LENGTH OF STAY (In this place) <u>2 1/2 yrs</u>		c. CITY OR TOWN <u>Halfway Benton Sup</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>West Park of Halfway</u>				d. STREET ADDRESS (If rural, give location) <u>West Park of Halfway</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bernell</u> b. (Middle) <u>Calvin</u> c. (Last) <u>Gordon</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 3 1952</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 14 1913</u>		9. AGE (In years last birthday) <u>39</u>	10. MONTHS <u>2</u>	11. DAYS <u>20</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, or if retired) <u>Cashier of Bank</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Banker</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Halfway Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Bert Calvin Gordon</u>			13b. MOTHER'S MARRIEN NAME <u>Lena Ann Brown</u>		14. NAME OF HUSBAND OR WIFE <u>Lorene Gordon</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>499-07-4697</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lena A. Brown</u>		18. ADDRESS <u>Halfway Mo</u>		
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				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>myastrophic lateral sclerosis</u>				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 _____		3561		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 <u>May</u> , 19 <u>37</u> , to <u>May</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>May</u> , 19 <u>52</u> , and that death occurred at <u>3:25 P.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>R. D. Smith</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Calhoun Mo</u>		23c. DATE SIGNED <u>Aug 4 52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE _____	24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>		24d. LOCATION (City, town, or county) <u>Calhoun Mo</u> (State) _____			
DATE REC'D BY LOCAL REG. <u>8-8-52</u>		REGISTRAR'S SIGNATURE <u>Ralph Gordon</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Erwin & Blue</u>		ADDRESS <u>Calhoun Mo</u>		

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 _____

Chas. Jester

Licensed Embalmer No. _____

4154

P. O. Address _____

Bolivar, 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.