

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27109

BIRTH NO. REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 5105 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Benton</u> <u>Rural</u> <u>Union Twp.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Kansas</u> b. COUNTY <u>Neosho</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>17 Miles E. WARSAW</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chanute</u>	
c. LENGTH OF STAY (in this place) <u>5 DAYS</u>		8159	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>C</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CLYDE</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>GORDON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 23, 1952</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>	
8. DATE OF BIRTH <u>Dec 22, 1893</u>		9. AGE (In years last birthday) <u>58</u>		10. MONTHS <u>8</u> DAYS <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Huntsville Ark 1</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					

13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE	
-----------------------------------	--	--	--	-----------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> <u>WORLD WAR I</u>		16. SOCIAL SECURITY NO. <u>513-24-1461</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ester Gordon</u> ADDRESS <u>Chanute, Kansas</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>accidental death - due to</u>				INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>gun shot wound in left thoracic cavity (heart) by</u> DUE TO (c) <u>12 ga shot gun.</u>						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9194</u> <u>43</u>						

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>nil</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
------------------------	--	---	--	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>cabins on lake</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>N. Union Benton, Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 23, 1952 2:55 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Placing the gun in back seat of car loaded and accidentally went off.</u>	

22. I hereby certify that I attended the deceased from never, 18, to never, 19, that I last saw the deceased alive on never, 19, and that death occurred at 2:55 p.m., from the causes and on the date stated above.

23. SIGNATURE (Deputy or title) <u>Jack H. Riser Sheriff Acting Coronor</u>		23b. ADDRESS <u>3 Warsaw, Mo</u>		23c. DATE SIGNED <u>8/24/1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Aug 24, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>	
24d. LOCATION (City, town, or county) (State) <u>Chanute Kansas</u>					

DATE REC'D BY LOCAL REG. <u>Aug 24, 1952</u>		REGISTRAR'S SIGNATURE <u>Jas. A. Logan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Riser</u> ADDRESS <u>Warsaw</u>	
--	--	--	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

1927  
1928  
1929  
1930  
1931  
1932  
1933  
1934  
1935  
1936  
1937  
1938  
1939  
1940  
1941  
1942  
1943  
1944  
1945  
1946  
1947  
1948  
1949  
1950  
1951  
1952  
1953  
1954  
1955  
1956  
1957  
1958  
1959  
1960  
1961  
1962  
1963  
1964  
1965  
1966  
1967  
1968  
1969  
1970  
1971  
1972  
1973  
1974  
1975  
1976  
1977  
1978  
1979  
1980  
1981  
1982  
1983  
1984  
1985  
1986  
1987  
1988  
1989  
1990  
1991  
1992  
1993  
1994  
1995  
1996  
1997  
1998  
1999  
2000

**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 John F. Reser  
Licensed Embalmer No. 4098

P. O. Address Warsaw

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.