

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

DR. MELCHER 7

1045

State File No. \_\_\_\_\_

FILED JAN 26 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 49-B

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

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE <u>SPRINGFIELD</u> b. COUNTY <u>GREENE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>755 S. CAMPBELL</u>		d. STREET ADDRESS (If rural, give location) <u>1041 W. HAMILTON</u>	
3. NAME OF DECEASED a. (First) <u>HENRY</u> b. (Middle) <u>M.</u> c. (Last) <u>GORDAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 15, 1953</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY 25, 1874</u>
9. AGE (In years last birthday) <u>81</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LETTER CARRIER</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>GALHOUN COUNTY, ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>MYRA GORDAN</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>YES</u>	
16. SOCIAL SECURITY NO. <u>SPANISH AMERICAN</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>FRED CAMPRELL SPRINGFIELD, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma prostate and Colon</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 to 3 yrs</u>
ANTECEDENT CAUSES			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) _____			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u> <u>177 X</u>			
19a. DATE OF OPERATION <u>None</u>		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 <u>8 Oct, 1952</u> to <u>15 Jan, 1953</u> , that I last saw the deceased alive on <u>9 Jan, 1953</u> , and that death occurred at <u>11 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>H.H. Melcher M.D.</u>		23b. ADDRESS <u>324 E Pershing Springfield Mo</u>	23c. DATE SIGNED <u>1-16-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1/20/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>SPRINGFIELD, MO.</u>
DATE REC'D BY LOCAL REG. <u>1-20-53</u>	REGISTRAR'S SIGNATURE <u>Luith Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.H. LOHMEYER SPRINGFIELD, MO.</u>	

FEB 24 1953

**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

*Walter E Hamella*

Licensed Embalmer No.

*3808*

P. O. Address

*Spurfield, Ma*

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.