

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **25981**

FILED AUG 12 1953

BIRTH NO. _____		REG. DIST. NO. <u>299</u>		PRIMARY REG. DIST. NO. <u>24363</u>		Registrar's No. <u>14</u>			
1. PLACE OF DEATH a. COUNTY <u>Reynolds</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>					
b. CITY (If outside corporate limits, write RURAL and give name of post office) OR TOWN <u>Bunker Carroll</u>		c. LENGTH OF STAY (in this place) <u>1 1/2 day</u>		c. CITY OR TOWN <u>Bunker</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>X</u>				e. STREET ADDRESS (If rural, give location) <u>Sinkin typ 0330</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Howard</u> c. (Last) <u>Gordan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8/2/53</u>						
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>Jan 25 1901</u>			
9. AGE (In years last birthday) <u>52</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer-laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Dent Co Mo</u>			
12. CITIZEN OF WHAT COUNTRY? _____			13a. FATHER'S NAME <u>Abraham Gordan</u>		13b. MOTHER'S MAIDEN NAME <u>Ettie Williams</u>		14. NAME OF HUSBAND OR WIFE <u>single</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>2nd W W</u>			16. SOCIAL SECURITY NO. <u>491-18-8624</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Blanche Wells Bunker</u>			ADDRESS <u>Mo</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Occlusion</u> *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ejection</u> DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>					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) _____ m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Dr. J. A. Apple</u> (Degree or title)			23b. ADDRESS <u>Centerville Mo.</u>			23c. DATE SIGNED <u>8/2/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>8/4/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bunker Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Bunker Mo</u>			
DATE REC'D BY LOCAL REG. <u>8/5/53</u>		REGISTRAR'S SIGNATURE <u>E. M. Zippel</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl Johnson</u>		ADDRESS <u>Dent Mo</u>			

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

(Licensed Embalmer) Statement on Reverse Side

AUG 18 1953

SEP 28 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.....
Signature of Student Embalmer

Signed.....
[Handwritten Signature]

Licensed Embalmer No. 237

P. O. Address [Handwritten Address]

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.