

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30987**

FILED OCT 27 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 4036 Registrar's No. 19

|   |   |  |  |
|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Dates</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MO.</u> b. COUNTY <u>Dates</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rich Hill</u> township) c. LENGTH OF STAY (in this place) <u>40 yrs</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rich Hill</u> <u>0070</u> |  |  |
| d. STREET NAME OF HOSPITAL OR INSTITUTION <u>402 E. Cedar</u>   |   | d. STREET ADDRESS (If rural, give location) <u>402 E. Cedar.</u> <u>0</u>  |  |

|   |   |
|---|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>ALVA</u> b. (Middle) <u>WALTER</u> c. (Last) <u>GORDON</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>9-23-53</u> |
|---|---|

|                 |                           |   |                                  |   |  |
|-----------------|---------------------------|---|----------------------------------|---|--|
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u> | 8. DATE OF BIRTH <u>12-29-79</u> | 9. AGE (In years last birthday) <u>73</u> 10. UNDER 1 YEAR Months <u>8</u> Days <u>25</u> | 11. UNDER 24 HRS. Hours <u></u> Min. <u></u> |
|-----------------|---------------------------|---|----------------------------------|---|--|

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|---|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>RETIRED SUPT. LIGHT PLANT</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u></u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Mapleton, Kans.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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|---|--|---|
| 13a. FATHER'S NAME <u>GEORGE GORDON</u> | 13b. MOTHER'S MAIDEN NAME <u>MARGARET QUINCY</u> | 14. NAME OF HUSBAND OR WIFE <u>DAISY GORDON</u> |
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|  |                                 |   |
|--|---------------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u></u> (If yes, give war or dates of service) <u></u> | 16. SOCIAL SECURITY NO. <u></u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Marshall Gordon</u> ADDRESS <u>Rich Hill, Mo</u> |
|--|---------------------------------|---|

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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>German measles</u>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>4 days</u> |
|   | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |   |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                                      |  |   |

|                                |  |   |
|--------------------------------|--|---|
| 19a. DATE OF OPERATION <u></u> | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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|  |  |   |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u> |
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|   |   |                                    |
|---|---|------------------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u></u> |
|---|---|------------------------------------|

22. I hereby certify that I attended the deceased from Sept 29, 1953 to Oct 23, 1953, that I last saw the deceased alive on Sept 17, 1953, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

|  |                                   |                                     |
|--|-----------------------------------|-------------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Edna Douglas</u> | 23b. ADDRESS <u>Rich Hill, Mo</u> | 23c. DATE SIGNED <u>Oct 25 1953</u> |
|--|-----------------------------------|-------------------------------------|

|   |                          |  |   |
|---|--------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>9/25/53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>GREENLAW</u> | 24d. LOCATION (City, town, or county) (State) <u>Rich Hill MO</u> |
|---|--------------------------|--|---|

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|--|--|--|
| DATE REC'D BY LOCAL REG. <u>Oct. 1, 1953</u> | REGISTRAR'S SIGNATURE <u>Mrs. Edna Douglas</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Probst</u> ADDRESS <u>Rich Hill MO</u> |
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

**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 P. Underwood*

Licensed Embalmer No. 3585

P. O. Address Butler Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**