

FILED OCT 5 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31008**

BIRTH NO.		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 258			
1. PLACE OF DEATH ELLIS FISCHER HOSP.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).					
a. COUNTY BOONE		b. CITY (If outside corporate limits, write RURAL and give township) COLUMBIA		a. STATE MISSOURI		b. COUNTY BARRY			
c. LENGTH OF STAY (in this place) 1 DAY		c. CITY OR TOWN CASSVILLE		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION ELLIS FISCHER STATE CANCER HOSP.				e. STREET ADDRESS (If rural, give location) 0950					
3. NAME OF DECEASED (Type or Print) RALPH MILLER		a. (First)		b. (Middle)		c. (Last) GORDON			
4. DATE OF DEATH 10-1-1953		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/>			
8. DATE OF BIRTH 2-27-99		9. AGE (In years last birthday) 54		IF UNDER 1 YEAR Months 7 Days 4		IF UNDER 24 HRS. Hours 4 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY HARDWOOD FLOORING		11. BIRTHPLACE (City and State or Foreign Country) WHITES BURROW, TEXAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME SIDNEY GORDON		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE MERLE GORDON					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ?		16. SOCIAL SECURITY NO. ?		17. INFORMANT'S SIGNATURE OR NAME HOSPITAL RECORDS ADDRESS					
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				INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphosarcomatosis, primary undetermined				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.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 2001				20. AUTOPSY? YES <input checked="" 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) (Min.)		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 3-17-1952 to 10-1-1953 , that I last saw the deceased alive on 10-1-1953 , and that death occurred at 1:45 P m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Richard E. Johnson, M.D.				23b. ADDRESS Columbia, Mo		23c. DATE SIGNED 10-1-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Oct 1, 1953		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Cassville Mo			
DATE REC'D BY LOCAL REG. Oct 1 1953		REGISTRAR'S SIGNATURE Mrs. P. G. Palmer		25. FUNERAL DIRECTOR'S SIGNATURE 31-0 Parer Funeral Service		ADDRESS Columbia Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 28 1953

FEB 26 1954

MAY 9 1953

APR 9 1954

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: *M. W. Whitman*

Licensed Embalmer No. 388

P. O. Address *Calumet*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.