S. No. 300
v. 10.48

0780
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32560

FILED OCT 9 - 1953

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5905 Registrar's No. 150

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Godair
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission).
a. STATE: Missouri
b. COUNTY: Pemiscot
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Godair 0780
d. STREET ADDRESS (If rural, give location): Rt 2 Portageville Mo

3. NAME OF DECEASED (Type or Print)
a. (First): Alexander
b. (Middle): Lee
c. (Last): Gordon

4. DATE OF DEATH (Month) (Day) (Year): Oct. 5, 1953

5. SEX: Male
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb 4, 1925
9. AGE (In years last birthday): 28 — If under 1 year: Months 8, Days 1 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): East St Louis Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: David Gordon
13b. MOTHER'S MAIDEN NAME: Alberta Reason
14. NAME OF HUSBAND OR WIFE: Minnie Lee Gordon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Minnie L. Gordon
ADDRESS: Rt 2 Portageville Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Automobile Accident — 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)
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:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 61
21c. (CITY, TOWN, OR TOWNSHIP): Godair (COUNTY): Pemiscot 078 (STATE): Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10-5-53-10A. m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Car skidded in front of transfer truck

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 10:00 A m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John W. German Coroner
23b. ADDRESS: Hayti, Mo
23c. DATE SIGNED: 10-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-7-53
24c. NAME OF CEMETERY OR CREMATORY: Concord Cemetery
24d. LOCATION (City, town, or county) (State): Concord Mo

DATE REC'D BY LOCAL REG.: 10-6-53
REGISTRAR'S SIGNATURE: John W German 40 6-
25. FUNERAL DIRECTOR'S SIGNATURE: John W German
ADDRESS: Hayti Mo

(Licensed Embalmer's Statement on Reverse Side)

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

10-307-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

OCT 8 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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. 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 this body is not embalmed, fact should be so stated above.