

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38047

FILED OCT 26 1953

State File No. _____
Registrar's No. 93 5178

BIRTH NO. _____ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 6886

1. PLACE OF DEATH a. COUNTY <u>Taney</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Protom</u> c. LENGTH OF STAY (in this place) <u>3 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Protom</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Taney</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Taneyville</u> <u>1060</u> d. STREET ADDRESS (If rural, give location) <u>Taneyville</u> <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Gordon</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 18 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov 20, 1858</u>
9. AGE (In years last birthday) <u>94</u>		IF UNDER 1 YEAR: Months <u>10</u> Days <u>18</u>	IF UNDER 24 HRS. Hours <u>1</u> Min. <u>18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Charles Clark</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Wheeler</u>		14. NAME OF HUSBAND OR WIFE _____	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Carl Sayes</u> ADDRESS <u>Protom Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Stroke</u> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) _____	
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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? _____	
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22. I hereby certify that I attended the deceased from Oct 16 1953, to Oct 18 1953 that I last saw the deceased alive on _____ 19____, and that death occurred at 5 PM m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____		23b. ADDRESS <u>Protom Mo</u>		23c. DATE SIGNED <u>10/21/53</u>	
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/19/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wickham Cemetery</u>	
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24d. LOCATION (City, town, or county) (State) <u>Wickham</u> <u>Mo</u>		DATE REC'D BY LOCAL REG. <u>10/22/53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
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25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Funeral Home

WRITE PLAINLY—USING UNFADING 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 _____

Was Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Walter S Cobb

Licensed Embalmer No. _____

4731

P. O. Address _____

Franklin St

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.