

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

State File No. **9343**

BIRTH NO. **FILED MAR 17 1954** REG. DIST. NO. **195** PRIMARY REG. DIST. NO. **5714** Registrar's No. **22**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)	
a. COUNTY McDonagh	b. STATE Missouri	c. COUNTY McDonagh	
d. CITY OR TOWN Pineville	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Pineville	
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE	d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print)	a. (First) Theodore	b. (Middle) —	c. (Last) Gordon	4. DATE OF DEATH (Month) (Day) (Year)
				2-27-1954

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH MAY 23-1880	9. AGE (In years last birthday) 73	10. UNDER 1 YEAR (Months) 9	11. UNDER 1 HRS. (Hours) 14	12. UNDER 1 MIN. (Mins.) 1
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) NEWTON, MO	12. CITIZENRY? MO
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13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes/no for unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) NONE	17. INFORMANT'S SIGNATURE OR NAME STATE WELFARE RECORDS	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Body Completely Destroyed By Fire.			Sudden
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Family Home Destroyed By Fire.			
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9160 16			

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 (Specify) Fire	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) PINEVILLE McDonagh Co. Mo.
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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? NONE Completely Destroyed by FIRE
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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 **8:00 P.M., from the causes and on the date stated above.**

23a. SIGNATURE (Degree or title) T. M. Humphrey, Coroner	23b. ADDRESS Mo., Mo.	23c. DATE SIGNED 2-28-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3-1-1954	24c. NAME OF CEMETERY OR CREMATORY PINEVILLE CEM.	24d. LOCATION (City, town, or county) (State) PINEVILLE Mo.
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DATE REC'D BY LOCAL REG. 3-8-54	REGISTRAR'S SIGNATURE 423-0	25. FUNERAL DIRECTOR'S SIGNATURE T. M. Humphrey	ADDRESS Pineville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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 *A. M. Humphrey Jr.*

Licensed Embalmer No. 4708

P. O. Address Moel, Mo

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.