No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

623 West Walnut
SPRINGFIELD, MISSOURI

FILED AUG 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26900
State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5466 Registrar's No. 776

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, S.Campbell Twp.
c. LENGTH OF STAY (In this place): 2yrs.2mo.7da.
d. FULL NAME OF HOSPITAL OR INSTITUTION: Medical Center for Federal Prisoners

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Cook
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chicago
d. STREET ADDRESS (If rural, give location): 3410 Lake Shore Drive

4120
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3. NAME OF DECEASED (Type or Print)
a. (First): Meyer
b. (Middle): -----
c. (Last): Gordon

4. DATE OF DEATH (Month) (Day) (Year): Aug. 12, 1954

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 10, 1890
9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operator
10b. KIND OF BUSINESS OR INDUSTRY: Jewelry Store & Pawn Shop
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Max Gordon
13b. MOTHER'S MAIDEN NAME: Bertha Morowitz
14. NAME OF HUSBAND OR WIFE: Rose (Lipman) 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.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: FILE: M.C.F.P., Springfield, Missouri

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) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cachexia — 6 weeks
DUE TO (c) Giant follicular lympho-sarcoma — less than 2 yrs.

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 ☐ NO ☒

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): -------- m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: ----------

22. *I hereby certify that I attended the deceased from* June 5, *19* 52, *to* Aug. 12, *19* 54, *that I last saw the deceased alive on* Aug. 12, *19* 54, *and that death occurred at* 10:05a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. C. Rinck, M. D., Cl. Director
23b. ADDRESS: Medical Center for Fed. Prisoners, Springfield, Mo.
23c. DATE SIGNED: 8-12-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8/13/1954
24c. NAME OF CEMETERY OR CREMATORY: ---
24d. LOCATION (City, town, or county) (State): Chicago, Illinois

DATE REC'D BY LOCAL REG.: 8-13-54
REGISTRAR'S SIGNATURE: Edith Williamson
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Harold Lyne, Springfield, Mo.
(Licensed Embalmer's Statement on Reverse Side)

AUG 18 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 ..... Student Embalmer

Signed Harry Clyde

Licensed Embalmer No. 4594

P. O. Address Springfield M

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.