

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36428**

FILED NOV 19 1954

BIRTH NO. _____ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 3001 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give town) Vandalia	c. LENGTH OF STAY (In this place) 35 years	c. CITY OR TOWN Vandalia	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 302 West Page		f. STREET ADDRESS (If rural, give location) 302 West Page	

3. NAME OF DECEASED (Type or Print) a. (First) Myrtie b. (Middle) Lee c. (Last) Gordon	4. DATE OF DEATH (Month) (Day) (Year) Nov 12, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 16, 1877	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 5 Days 27	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Vandalia, Missouri	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Thomas J. McPike	13b. MOTHER'S MAIDEN NAME Anna Lee Laird	14. NAME OF HUSBAND OR WIFE Edward Morton Gordon
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Will McPike, Vandalia, Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cardiac thrombosis		3 minutes
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) chronic glomerulonephritis		5 years
	DUE TO (c) essential hypertension		" "
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. gen. arteriosclerosis		10 years	
atherosclerotic hypertension		5 years	

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION heart diseas digitalis	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 592 X
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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 4/4/54, 1954, to 11/12/54, 1954, that I last saw the deceased alive on 11/12/54, 1954, and that death occurred at 1:00 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Emma P. Phelan MD	23b. ADDRESS Vandalia Mo	23c. DATE SIGNED 11/14/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov 14, 1954	24c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetery	24d. LOCATION (City, town, or county) (State) Vandalia, Missouri
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DATE REC'D BY LOCAL REG. Nov 15 1954	REGISTRAR'S SIGNATURE Mallic Augua	GENERAL DIRECTOR'S SIGNATURE ADDRESS William B. Blaten Vandalia, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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32

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 *William B. Water*.....

Licensed Embalmer No. *416*.....

P. O. Address *Vandalia*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.