

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7293

State File No.

FILED APR 4 1955

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 335

1. PLACE OF DEATH a. COUNTY <p align="center">Buchanan</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p align="center">Missouri</p> b. COUNTY <p align="center">Buchanan</p>	
b. CITY OR TOWN <p align="center">St. Joseph</p>	c. LENGTH OF STAY (in this place) <p align="center">life</p>	c. CITY OR TOWN <p align="center">St. Joseph</p>	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 <p align="center">214 1/2 N. 8th Street</p>		STREET ADDRESS (If rural, give location) <p align="center">214 1/2 N. 8th Street</p>	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Allen c. (Last) Gordon			4. DATE OF DEATH (Month) (Day) (Year) March 25, 1955		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 8, 1882	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. passenger foreman		10b. KIND OF BUSINESS OR INDUSTRY railroad	11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME David E. Gordon	13b. MOTHER'S MAIDEN NAME Isabel Gosnell	14. NAME OF HUSBAND OR WIFE Sadie M.
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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. Sadie Gordon, 214 1/2 N. 8th, St. Joseph, 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, ashenia, 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)	Of intriculus fibrillation	few moments
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Palmer myocardial infarction DUE TO (c) Arteriosclerosis, heart disease		4 months 2-3 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypertensive vascular disease		4-5 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 12, 1954, to 3-25, 1955, that I last saw the deceased alive on Mar 22, 1955, and that death occurred at 7:15 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lucien W. Jde, M.D.	23b. ADDRESS 902 Edward St Joseph, Mo	23c. DATE SIGNED 3-28-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 3/28/1955	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph; Missouri
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DATE REC'D BY LOCAL REG. April 1, 1955	REGISTRAR'S SIGNATURE Lochner M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Heaton-Bowman St Joseph, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Eugene Wood*.....

Licensed Embalmer No. *5804*

P. O. Address *319 South 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.