

BIRTH NO.		REG. DIST. NO. <b>323</b>		PRIMARY REG. DIST. NO. <b>4476</b>		Registrar's No. <b>18</b>		
1. PLACE OF DEATH a. COUNTY <b>Schuyler</b>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before a. STATE <b>Missouri</b> b. COUNTY <b>Schuyler</b> admission).				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Downing</b>		c. LENGTH OF STAY (in this place) <b>10 years</b>		c. CITY OR TOWN <b>Downing</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <b>0980</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Etta</b>		b. (Middle)		c. (Last) <b>Gordner</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 13, 1955</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Nov. 19, 1872</b>		
9. AGE (In years last birthday) <b>83</b>		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) <b>housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Scotland Co. Mo. 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>G. R. Spears</b>			13b. MOTHER'S MAIDEN NAME <b>unknown</b>			14. NAME OF HUSBAND OR WIFE <b>David Gordner</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no.</b>			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>David Gordner,</b>			
						ADDRESS <b>Downing, Mo.</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>					<b>15 minutes</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
		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 <b>4201</b>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		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 <b>May 13, 1955</b> to <b>May 13, 1955</b> that I last saw the deceased alive on <b>May 13, 1955</b> , and that death occurred at <b>4 P.m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>L. E. Lowe, D.O.</b>				23b. ADDRESS <b>Memphis, Mo.</b>		23c. DATE SIGNED <b>5-15-55</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>May 15, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Downing Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Downing, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>5-18-55</b>		REGISTRAR'S SIGNATURE <b>Carroll Drake</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Luth &amp; Barrett</b>		ADDRESS <b>Memphis Mo.</b>		

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.....



Licensed Embalmer No. .... 4258

P. O. Address..... Memphis

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.