

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **30886**
8053

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8053			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri				b. COUNTY St. Francis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.			c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN Farmington		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital				f. STREET ADDRESS (If rural, give location) Route 3				0940 091	
3. NAME OF DECEASED (Type or Print)			a. (First) Edward		b. (Middle) Linn		c. (Last) Gordon		
4. DATE OF DEATH Sept. 13, 1955			4. DATE (Month) (Day) (Year)						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH June 1936		9. AGE (In years last birthday) 19	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Lime Kiln		11. BIRTHPLACE (City and State or Foreign Country) Ste. Genevieve, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Burl Gordon			13b. MOTHER'S MAIDEN NAME Lura Hawn			14. NAME OF HUSBAND OR WIFE Nil.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Millie Hawn, 3559 Lindell				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1. Subdural Hemorrhage ANTECEDENT CAUSES 2. Brain Injury, suffered when car operated by deceased went out of control on Highway #67 near Farmington, Missouri, about 11:00 P.M. (Standard Time) Sept. 11, 1955 DUE TO (b) Accident DUE TO (c) Accident II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 11, 19 55						INTERVAL BETWEEN ONSET AND DEATH Sept.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) See above		21c. (CITY, TOWN, OR TOWNSHIP) Farmington		21d. (COUNTY) Mo.		21e. (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9 11 55 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? See above					
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 9:20 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Patrick L. Taylor, M.D.				23b. ADDRESS 1300 Clark Ave.			23c. DATE SIGNED 9/16/55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-13-55		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) Chestnut Ridge, Mo.			
DATE REC'D BY LOCAL REG. SEP 13 1955		REGISTRAR'S SIGNATURE Carl Smith, M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington.				

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

(Licensed Embalmer's Statement on Reverse Side)

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 *Etton R. Penelina*.....

Licensed Embalmer No. *421*

P. O. Address *St. Louis*

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.