

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **33693**

FILED OCT 17 1955

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 161

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Prairie		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Prairie	
c. LENGTH OF STAY (in this place) 1 mo 2 day		d. STREET ADDRESS (If rural, give location) Independence 4, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Patrick	b. (Middle) Edward	c. (Last) Gordon	4. DATE OF DEATH (Month) (Day) (Year) 9 25 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH 9-7-1890	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY General Labor	11. BIRTHPLACE (State or foreign country) Galena Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Unknown
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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) Unknown	16. SOCIAL SECURITY NO. 487-01-7784	17. INFORMANT'S SIGNATURE OR NAME Jackson Co. Hosp. Records, Indep. Mo	ADDRESS Indep. 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, asphyxia, 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) Cerebral Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 332X		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from April 23, 1955, to 9-25, 1955, that I last saw the deceased alive on 9-25, 1955, and that death occurred at 7:00 m., from the causes and on the date stated above.

23a. SIGNATURE <i>John J. Williams, M.D.</i>	(Degree or title) M.D.	23b. ADDRESS <i>Suburban City, Missouri</i>	23c. DATE SIGNED 9-26-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Sept. 26, 1955	24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem.	24d. LOCATION (City, town, or county) (State) Kansas City, Kansas
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DATE REC'D BY LOCAL REG. 9-26-1955	REGISTRAR'S SIGNATURE <i>D. B. Langford</i>	25. FUNERAL DIRECTOR'S SIGNATURE Langsford Funeral Home, Lee's Summit	ADDRESS Mo.
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(Licensed Embalmer's Statement on Reverse Side)

USE BLUE OR 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
Student Embalmer

Signed N. B. Langford

Licensed Embalmer No. 4962

P. O. Address Lee's Summit, Mis

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.