

FILED FEB 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5499

5499

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 5644 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <b>Layfayette</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Layfayette</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>(rural) Lexington</b> c. LENGTH OF STAY (in this place) <b>30yr.</b>		c. CITY OR TOWN <b>Lexington</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 <b>1.5 miles S.E. Lexington</b>		STREET ADDRESS (If rural, give location) <b>1.5 Miles S.E. Lexington</b>	
3. NAME OF DECEASED (Type or Print) <b>FRANK</b> a. (First) b. (Middle) <b>G.</b> c. (Last) <b>GORDON</b>		4. DATE OF DEATH <b>February 17 1956</b> (Month) (Day) (Year)	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>February 23 1879</b>
9. AGE (In years last birthday) <b>76</b>		IF UNDER 1 YEAR <b>11</b> Months <b>24</b> Days	IF UNDER 1 HRS. <b>0</b> Hours <b>0</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Dairy Farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Dover, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>George B. Gordon</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary Shelby</b>		14. NAME OF HUSBAND OR WIFE <b>Lillian Hodges Gordon</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. <b>490-42-6530</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>George B. Gordon</b>		ADDRESS <b>Lexington, MO.</b>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebro-vascular accident.</b> INTERVAL BETWEEN ONSET AND DEATH. <b>30 min.</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.  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>33/x</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) (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 <b>Feb 16, 1956</b> to <b>February 17, 1956</b> , that I last saw the deceased alive on <b>Feb 17, 1956</b> , and that death occurred at <b>2:05 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Ralph W. Riley M.D.</b>		23b. ADDRESS <b>Lexington Mo</b>	
23c. DATE SIGNED <b>2-20-56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>February 19, 1956</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Machpelan Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Lexington, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>2-22-56</b>		REGISTRAR'S SIGNATURE <b>M. E. Eastabrook</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Harold L. Walker</b>		ADDRESS <b>Lexington, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Harold L. Walker*

Licensed Embalmer No. *458*

P. O. Address *Lexington*

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.