

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 27 1956

26366
State File No. _____
Registrar's No. 83

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 4138

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| 1. PLACE OF DEATH a. COUNTY <u>CLINTON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institutional residence before death, give institution.) a. STATE <u>Missouri</u> b. COUNTY <u>CLINTON</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lathrop</u> | c. LENGTH OF STAY (in this place) <u>14 yrs</u> | c. CITY OR TOWN <u>Lathrop</u> | 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 | | e. STREET ADDRESS (If rural, give location) <u>0250</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>FREDRICK</u> b. (Middle) <u>Noah</u> c. (Last) <u>GORDON</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug-17-1956</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>Mar. 17, 1888</u> | 9. AGE (In years) (Month) (Day) (Year) <u>73</u> | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u> |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Cuba Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |

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| 13a. FATHER'S NAME <u>JACOB GORDON</u> | 13b. MOTHER'S MAIDEN NAME <u>MARtha E. BRANHAM</u> | 14. NAME OF HUSBAND OR WIFE <u>OLLIE GORDON</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Ollie Gordon</u> ADDRESS <u>Lathrop, Mo.</u> |

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, athermia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>12 HRS.</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION <u>X</u> | 19b. MAJOR FINDINGS OF OPERATION <u>447X</u> | 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.) <u>Lathrop Clinton Mo.</u> | 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 8-17, 1956, to 8-17, 1956, that I last saw the deceased alive on 8-17, 1956, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Edith Moser, D.O.</u> | | 23b. ADDRESS <u>Lathrop, Mo.</u> | | 23c. DATE SIGNED <u>8-18-56</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Aug. 19-56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Lathrop Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Lathrop Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>8-21-56</u> | REGISTRAR'S SIGNATURE <u>Winifred W. Moser</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Sumner Cassin Cameron</u> ADDRESS <u>Mo</u> | | |

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

390-0

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 *James C. Cramer*.....

Licensed Embalmer No. *253*.....

P. O. Address *Cameron*.....

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.