

FILED MAY 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16370

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 124

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Fulton</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>403 Court St.</u>		Length of stay in 1b <u>inst.</u>	d. STREET ADDRESS <u>RFD 5</u>		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>First</u> <u>Roscoe</u> <u>Middle</u> <u>Mattinlee</u> <u>Last</u> <u>Gordon</u>			4. DATE OF DEATH <u>Month</u> <u>Day</u> <u>Year</u> <u>May 17, 1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Oct. 22, 1895</u>	9. AGE (In years last birthday) <u>61</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cafe Operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Food and Drinks</u>	11. BIRTHPLACE (City and state or country) <u>Clark Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>W. F. Gordon</u>			14. MOTHER'S MAIDEN NAME <u>Elizabeth Bartee</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT Address <u>Mrs. Joe Ward</u> <u>Fulton Missouri</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MYOCARDIAL INFARCTION</u> DUE TO (b) <u>CORONARY ARTERY DISEASE</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>4201</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 MINUTES</u> <u>YEARS</u>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY - Hour <u>10:30</u> a. m. <u>p. m.</u> Month, Day, Year <u>MAY 17, 1957</u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from <u>SEPT 1956</u> to <u>April 1957</u> and last saw her/him alive on <u>April 19, 1957</u> Death occurred at <u>May 17, 1957</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>James F. Hee MD</u>			22b. ADDRESS <u>Fulton, Mo.</u>		22c. DATE SIGNED <u>5-18-57</u>
23a. BURIAL, CREMATION, OR METAL (Specify) <u>Burial</u>	23b. DATE <u>May 20, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Callaway Mem. Gardens</u>		23d. LOCATION (City, town, or county) (State) <u>Fulton Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Maupin</u> <u>Fulton Mo</u>		25. DATE RECD. BY LOCAL REG. <u>May 18, 1957</u>	26. REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>		

MEDICAL CERTIFICATION

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAY 28 1958

APR 22 1958

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 *Wm. A. Stewart* Student Embalmer No. 374

P. O. Address *Fuller*

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.