

FILED DEC 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39025

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 399

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>Knox</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edina</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>K.O. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>rural</u>	
3. NAME OF DECEASED a. (First) <u>EDWIN</u> b. (Middle) <u>E</u> c. (Last) <u>GORDON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 22, 1957</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Mar 12, 1876</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>81</u>
		11. BIRTHPLACE (City and State or Foreign Country) <u>Knox County, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Lawrence W. Gordon</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Baker</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>492-42-6125-A</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Earl H. Smith</u> ADDRESS <u>Edina, Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Collapse</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic heart disease</u> <u>2 months</u>	
DUE TO (c) <u>pneumonia</u> <u>4300</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4300</u> <u>2 days</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>2</u> 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) m.	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 <u>Nov 21, 1957</u> , to <u>Nov 22, 1957</u> , that I last saw the deceased alive on <u>Nov 22, 1957</u> , and that death occurred at <u>9:45</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. Suteruaku</u>		23b. ADDRESS <u>Kirksville Mo</u>	23c. DATE SIGNED <u>11-22-57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>24 Nov '57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Linville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Edina, Missouri</u>
DATE REC'D BY LOCAL REG. <u>11-25-57</u>	REGISTRAR'S SIGNATURE <u>Noris W. Pattif</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Edina, Mo</u> ADDRESS	

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

*A. A. Prime*

Student Embalmer No. *544*

working under my personal supervision.

Student

*A. A. Prime*

Student Embalmer

Signed

*Mrs J. W. Hudson*

Licensed Embalmer No. *2972*

P. O. Address *Edina Mo.*

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