

58-008904

STATE FILE NUMBER

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 17 1958

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 268

| | | | | | |
|--|---|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) St. Joseph | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Joseph | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hovey Nursing Home | | Length of stay in lb most of life | d. STREET ADDRESS (If outside, give location) 1112 So. 17th | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) ANNA GORDON | | | 4. DATE OF DEATH March 8, 1958 | | |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH March 24, 1873 | 9. AGE (In years last birthday) 84 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY own home | 11. BIRTHPLACE (City and state or country) Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME unknown | | 13b. MOTHER'S MAIDEN NAME unknown Roberts | | 14. NAME OF HUSBAND OR WIFE Phillip A. | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. unknown | 17. INFORMANT Mrs. Thomas Myers, Fairbury, Nebr. | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cardiac Failure | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 weeks |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronic Arteriosclerotic Heart Disease | | | | | Unk. |
| DUE TO (c) Generalized Arteriosclerosis | | | | | Unk. |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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.) 4200 | | | |
| 20c. TIME OF INJURY Hour a.m. p.m. | | 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 | | 20g. COUNTY STATE | |
| 21. I attended the deceased from 2/21/58 2:00 a. to 3/8/58 and last saw him alive on 3/7/58 Death occurred at 2:00 a. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE St. Neuman M. J. O. | | 22b. ADDRESS Social Welfare Board 10th & Olive, St. Joseph, Mo. | | 22c. DATE SIGNED 3/8/58 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE 3/11/58 | 23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery | | 23d. LOCATION (City, town, or country) (State) St. Joseph, Missouri | |
| 24. FUNERAL DIRECTOR Heaton-Bowman | | ADDRESS St. Joseph, Mo. | 25. DATE RECD. BY LOCAL REG. Mar 12, 1958 | 26. REGISTRAR'S SIGNATURE Mr. Clark Standell | |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Health, Welfare, Public Service

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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 *James H. Hawkin*

Licensed Embalmer No. *4536*

P. O. Address *319 E 10th St*

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.