

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024635
STATE FILE NUMBER

FILED AUG 6 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 319

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph, Mo		c. CITY OR TOWN Deerborn 0110	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Methodist Hosp. 4 wks		d. STREET ADDRESS (If outside, give location) Rural R.R.#1	
3. NAME OF DECEASED (Type or print) First Middle Last Louella H Gordon		4. DATE OF DEATH Month Day Year May 29, 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 7, 1879
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. 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	11. BIRTHPLACE (City and state or country) Deerborn, Mo
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME T. S. Hudson	
13b. MOTHER'S MAIDEN NAME Flora Fieland		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. none	17. INFORMANT Hudson Gordon, Deerborn, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac arrest			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Shock			9040 21 4 weeks
DUE TO (c) Fractured hip			
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 checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT <input checked="" 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.) Fell on way to breakfast	
20c. TIME OF INJURY Hour Month, Day, Year 7:00 a.m. April 29, 1958		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) at home	
20e. CITY, TOWN, OR LOCATION Deerborn, Missouri.		20f. COUNTY STATE	
21. I attended the deceased from 4/29/58 to 5/29/58 and last saw her alive on 5/28/58 Death occurred at 6:33 a m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Jacob Kulawski M.D.		22b. ADDRESS 413-16 Corby Building St. Joseph, Mo	
22c. DATE SIGNED 5/29/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 31, 1958	
23c. NAME OF CEMETERY OR CREMATORY Turner Cemetery		23d. LOCATION (City, town, or county) (State) Wallace, Mo	
24. FUNERAL DIRECTOR Vaughn & Aufrenc, Deerborn, Mo		25. DATE RECD. BY LOCAL REG. Aug 4, 1958	
26. REGISTRAR'S SIGNATURE Wm Clark Standell			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

AUG 6 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

W. B. Vaughn

Licensed Embalmer No. *4023*

P. O. Address *Weston*

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.