

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032694
STATE FILE NUMBER

HIHD OCT 15 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4545

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1600 E. 30th		Length of stay in lb 35 yrs	d. STREET ADDRESS (If outside, give location) 1600 E. 30th Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last THERESE N. GORDON			4. DATE OF DEATH Month Day Year Sept. 25, 1958		
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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 Dec. 23, 1882	9. AGE (In years Last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Seneca, Illinois	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Michael Nolan	13b. MOTHER'S MAIDEN NAME Mary Degnan	14. NAME OF HUSBAND OR WIFE Robert E. Gordon
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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. 486-077704	17. INFORMANT Address Vincent Nolan, Englewood, Colorado
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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>Irreversible Shock</u>		INTERVAL BETWEEN ONSET AND DEATH <u>20 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Fibrinous peritonitis</u>	<u>20 hours</u>
	DUE TO (c) <u>Small bowel obstruction - partial</u>	<u>3 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the immediate cause (a) (b) (c). <u>Sp. adhesions - red of peritoneum</u>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) <u>5:50 P.M. 25 Sept 58</u>
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from June 1957 to Sept 25 1958 and last saw her alive on Sept 25, 1958
Death occurred at 4:15 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>James D. Dunleavy M.D.</u>	22b. ADDRESS <u>314 Wirthman Bldg 5C Mo</u>	22c. DATE SIGNED <u>9-26-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial & Re-	23b. DATE 9-29-58	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) Wymore, Nebraska
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24. FUNERAL DIRECTOR ADDRESS Melody-McGilley-Eylar Funeral Home 1800 E. Linwood	25. DATE RECD. BY LOCAL REG. 9-26-58	26. REGISTRAR'S SIGNATURE Neva Marshall
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All diseases in Part I must be causally related.

James D. Dunleavy USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Dr. James D. Lane
3100 Troast
Ulrichman Bld

12-4 PM

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1349,
2143,

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 *Melvin Bartlow*

Licensed Embalmer No. *4903*
P. O. Address *RCMD*

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.