

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033178  
STATE FILE NUMBER

FILED OCT 9 1958 Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 201

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Prairie Township</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Kansas City 3168</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <b>Jackson County Negro Home</b>		Length of stay in 1b <b>1yr. 5mo.</b>	d. STREET ADDRESS (If outside, give location) <b>1324 Lydia</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Virgil - Gordon</b>			4. DATE OF DEATH Month Day Year <b>9 - 29 - 1958</b>
5. SEX <b>Male 2</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>5-5-1886</b>
9. AGE (In years less birthday) <b>72</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Janitor</b>	11. BIRTHPLACE (City and state or country) <b>Kosciusko, Mississippi</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Sanko Gordon</b>	13b. MOTHER'S MAIDEN NAME <b>Moriah Fairchild</b>
14. NAME OF HUSBAND OR WIFE <b>Artie Gordon</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>"None"</b>
17. INFORMANT <b>Records Jackson County Negro Home Mo.</b>			Address <b>Route 4 Indep.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>myocardial insufficiency</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>410x</b>			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.)		
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
21. I attended the deceased from <b>Sept 1st 58</b> to <b>Sept 27 58</b> and last saw <sup>him</sup> <sub>her</sub> alive on <b>9-29-58</b> Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Est Guffin M.D.</b> (Degree or title)		22b. ADDRESS <b>P.O. 4 Lepp Summit Rd</b>	22c. DATE SIGNED <b>10-1-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Anatomical</b>	23b. DATE <b>10-2-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Western Dental College</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
24. FUNERAL DIRECTOR <b>Weilert Funeral Homes; K.C., Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>10-1-58</b>	26. REGISTRAR'S SIGNATURE <b>W. Longford</b>

YS JAN 15 1980

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 *B. C. Walker* .....

Licensed Embalmer No. *4075*

P. O. Address *X C 8 M*

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.