

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037797
STATE FILE NUMBER

FILED OCT 23 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9807

| | | | | | | | |
|---|---|---|--|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY St. Louis City | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Calhoun | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. | | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Hardin | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital | | | Length of stay in lb 1 hour | | d. STREET ADDRESS 32 | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Carl Middle -- Last Gordon | | | | 4. DATE OF DEATH Month Oct. Day 11 Year 1958 | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH Aug. 30, 1887 | | 9. AGE (In years last birthday) 71 | IF UNDER 1 YEAR Months 71 Days 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Agent | 10b. KIND OF BUSINESS OR INDUSTRY Insurance | | 11. BIRTHPLACE (City and state or country) Calhoun Co., Ill. | | 12. CITIZEN OF WHAT COUNTRY? USA | | |
| 13a. FATHER'S NAME Thomas Gordon | | | 13b. MOTHER'S MAIDEN NAME Mary Stone | | 14. NAME OF HUSBAND OR WIFE Nevada Mottaz Gordon | | |
| 15. WAS DECEASED MEMBER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No | | | 16. SOCIAL SECURITY NO. 318-20-5268 | | 17. INFORMANT Mrs. Nevada Gordon Address Hardin, Ill. | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cholelithiasis | | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 days | |
| Condition(s) which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cholangiolithiasis | | | | | | 2 years | |
| DUE TO (c) 584x | | | | | | | |
| 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.) | | | | |
| 20c. TIME OF INJURY Hour 8-45 Month, Day, Year 10-11-58 a.m. p.m. | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 10-10-58 to 10-11-58 and last saw her alive on 10-11-58 Death occurred at 8-45 P m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE Lawrence M. D. | | | 22b. ADDRESS Hardin, Ill. | | 22c. DATE SIGNED 10-12-58 | | |
| 23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) Burial | | 23b. DATE Oct. 15, 1958 | 23c. NAME OF CEMETERY OR CREMATORY Hardin | | 23d. LOCATION (City, town, or county) (State) Hardin, Illinois | | |
| 24. FUNERAL DIRECTOR Albert H. Hoppe ADDRESS 4700 Washington, Blvd. | | | 25. DATE RECD. BY LOCAL REG. OCT 14 '58 | | 26. REGISTRAR'S SIGNATURE J. Carl Smith M.D. | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

ALL diseases in Part I must be causally related. MEDICAL CERTIFICATION

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 *J. W. M. Bumbley*

Licensed Embalmer No. *3653*

P. O. Address *St Louis 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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