

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-001598

STATE FILE NUMBER

FILED JAN 20 1959

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 26

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Nebraska</u> b. COUNTY <u>Omaha</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Independence</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Omaha</u> 8 26 8 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Indep. Hospital</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Elmer</u> Middle <u>LeRoy</u> Last <u>Gordham</u>			4. DATE OF DEATH Month <u>Jan</u> - Day <u>15</u> - Year <u>1959</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct-26-1910</u>
9. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Printer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Spokane-Washington usa</u>	12. CITIZEN OF WHAT COUNTRY? <u>usa</u>
13a. FATHER'S NAME <u>Watson W. Gordham</u>		13b. MOTHER'S MAIDEN NAME <u>Ella M McClain</u>	14. NAME OF HUSBAND OR WIFE <u>Stone</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>491-20-1450</u> INFORMANT <u>E. Gordham</u> Address <u>Indep. Mo</u>	
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>metastatic carcinoma to left hemisphere of brain</u>			INTERVAL BETWEEN ONSET AND DEATH <u>weeks</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>carcinoma of lung</u>			<u>months</u>
DUE TO (c)			
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.) <u>163x</u>	
20c. TIME OF INJURY Hour _____, Month, Day, Year _____ 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	COUNTY STATE
21. I attended the deceased from <u>1/11/59</u> to <u>1/15/59</u> and last saw him alive on <u>1/15/59</u> Death occurred at <u>10.05 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or title) <u>James E. Lusk, M.D.</u>		22b. ADDRESS <u>10901 Winona Rd Independence, Mo</u>	22c. DATE SIGNED <u>1/16/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Jan-17-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>	23d. LOCATION (City, town, or county) (State) <u>Independence Mo</u>
24. FUNERAL DIRECTOR <u>Poland P. Speaks-Indep. Mo</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>1-17-59</u>	26. REGISTRAR'S SIGNATURE <u>James E. Lusk</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 ..... *Pollie Kessell* .....

Licensed Embalmer No. *4690* .....  
P. O. Address *Indep. 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.