

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006590
STATE FILE NUMBER

FILED FEB 16 1959

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 56

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>PETTIS</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MONITEAU</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SEDALIA</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>LATHAM</u> |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Sedalia Rest Home</u> | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) |
| | | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

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|---|----------------------------------|--|--|---|---|
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>ELIZABETH JANE GORDON</u> | | | 4. DATE OF DEATH Month Day Year <u>FEB 9 1959</u> | | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2. DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Nov 27 1868</u> | | 9. AGE (In years last birthday) <u>91</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>No</u> | 11. BIRTHPLACE (City and state or country) <u>Jefferson City Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Galen Johnston</u> | | 13b. MOTHER'S MAIDEN NAME <u>Rebecca Tipton</u> | | 14. NAME OF HUSBAND OR WIFE <u>Samuel Gordon</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year, dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>No</u> | 17. INFORMANT Address <u>Ernest Gordon Latham Mo</u> | | |

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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>OSTEOBLASTIC SARCOMA</u> <u>(PRIMARY SOURCE UNKNOWN)</u> DUE TO (b) <u>WITH METASTASIS - 1969</u> DUE TO (c) <u>SENILITY & FRACTURE LEFT HIP</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| 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"/> |

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| 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. | | |

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|--|--|------------------------------------|--------|-------------------------------------|
| 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 <u>1957</u> to <u>date</u> and last saw ^{her} _{him} alive on <u>2 Feb-59</u> Death occurred at <u>5:30 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | |
| 22a. SIGNATURE <u>Paul B. Gowan MD</u> (Degree or title) | | 22b. ADDRESS <u>Sedalia Mo.</u> | | 22c. DATE SIGNED <u>9 Feb-59</u> |

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|--|---------------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIED</u> | 23b. DATE <u>2-11-1959</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>LATHAM Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>LATHAM Mo</u> |
| 24. FUNERAL DIRECTOR <u>Luigi E. Williams</u> | ADDRESS <u>California Mo</u> | 25. DATE RECD. BY LOCAL REG. <u>Feb 10 1959</u> | 26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u> |

(Licensed Embalmer's Statement on Reverse Side)

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Hugh E. Williams*

Licensed Embalmer No. *3537*

P. O. Address *California*

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.