

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037626

FILED VS. OCT 2 8 1959

STATE FILE NUMBER

11/20/59
11/20/59
11/20/59
Gordon D. Gold
Farmer
Yes
DOCUMENT # 8, 11, 13a, 13b, 17, 23b, 23c, 23d
Gordon David Gold
Laborer
No
BY AFFIDAVIT OF Funeral Director

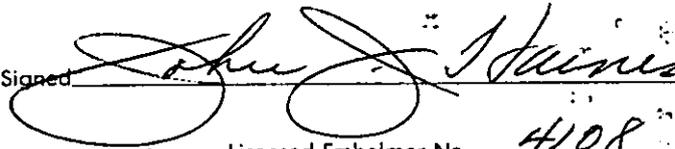
Registration District No. _____ Primary Registration District No. _____ Registrar's **2 9614**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shannon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN Birch Tree	
Length of stay in 1b \		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF DECEASED (If not in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First GORDON Middle David Last GOLD			4. DATE OF DEATH Month OCTOBER Day 18 Year 1959
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 4-15-1905
9. AGE (last birthday) 54		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Cholocothee, Texas
12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME John Gold Unknown		13b. MOTHER'S MAIDEN NAME Lilly Henry Unknown	
14. NAME OF HUSBAND OR WIFE Frankie Gold			
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. Unknown	
17. INFORMANT Frankie Gold, Healdsburg, Calif. Jewel Bowman, 5915 Gates			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LEFT SUBPHRENIC ABSCESS			INTERVAL BETWEEN ONSET AND DEATH 1 WEEK
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) GASTRECTOMY			8 DAYS
DUE TO (c) GASTRIC BEZOARS			UNKNOWN
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
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 OCTOBER 6, 1959 to OCTOBER 18, 1959 and last saw her/him alive on OCTOBER 18, 1959		Death occurred at 8:52 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>G. O. Vanick</i> (Degree or title) M. D.		22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 10/19/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-23-59 10-19-59	23c. NAME OF CEMETERY OR CREMATORY Oak Forest Cemetery Local	23d. LOCATION (City, town, or county) Birch Tree, Mo.
24. FUNERAL DIRECTOR Albert H. Hoppe Inc., 4700 Washington, Blvd.	25. DATE RECD. BY LOCAL REG. OCT 20 '59	26. REGISTRAR'S SIGNATURE <i>Roal Smith, M.D.</i>	

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 
Licensed Embalmer No. 4108

P. O. Address St. Louis

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.