

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042023

FILED NOV 17 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5420 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in 1b 60 yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION GENERAL HOSPITAL		d. STREET ADDRESS (If outside, give location) 1627 TRACY AVE.	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First THOMAS Middle GORDON Last GORDON			4. DATE OF DEATH Month 10 Day 26 Year 1960			
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5. SEX MALE	6. COLOR OR RACE NEGRO	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH NOV 18 1882	9. AGE (last birthday) 77 Yrs	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min.	IF UNDER 24 HR Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY SALVAGE YARD	11. BIRTHPLACE (City and state or country) HIGGINSVILLE MO.	12. CITIZEN OF WHAT COUNTRY U S A
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13a. FATHER'S NAME DAVID GORDON	13b. MOTHER'S MAIDEN NAME EMMA EWING	14. NAME OF HUSBAND OR WIFE NONE
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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. 495 05 1984	17. INFORMANT Address LILLIAN CARTER 2014 E 12th St.
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Hemorrhagic Shock	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) External Hemorrhage.	
	DUE TO (c) Incised Wound of Throat.	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility		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
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Self-Inflicted.
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20c. TIME OF INJURY Hour 12:50 a.m. PM Month, Day, Year 10/26/60
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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.) Forest Ave. Nursing Home	20f. CITY, TOWN, OR LOCATION Kansas City, Jackson, Mo	COUNTY	STATE
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21. I attended the deceased from _____, to _____ and last saw her/him alive on _____.
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Deputy Coroner	(Print Name or Title) William W. B.	22b. ADDRESS 1618 Lydia Ave	22c. DATE SIGNED 10/28/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 11 1 1960	23c. NAME OF CEMETERY OR CREMATORY Brand Cemetery	23d. LOCATION (City, town, or county) Higginsville Mo.
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24. FUNERAL DIRECTOR C.K. KERFORD FUNERAL HOME K.C. Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 10-28-60	26. REGISTRAR'S SIGNATURE W. J. O'Neal
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *E. Kenneth Ruff*

Licensed Embalmer No. 4437

P. O. Address *R. C. Moore*

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.