

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042627

FILED VS NOV 23 1960

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 103

STATE FILE NUMBER

IDED

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington		Length of stay in lb 10 yrs	c. CITY OR TOWN Lexington
c. FULL NAME OF HOSPITAL OR INSTITUTION 126 N 11th Street		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 126 N 11th (If outside, give location)
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type of print) First Middle Last Stanton Gordon			4. DATE OF DEATH Month Day Year November 4 1960			
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Nov 15 1892	9. AGE (last birthday) 68	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mining		10b. KIND OF BUSINESS OR INDUSTRY Coal Miner		11. BIRTHPLACE (City and state or country) Heneritta Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Abbe Gordon		13b. MOTHER'S MAIDEN NAME Nannie Triplett		14. NAME OF HUSBAND OR WIFE unknown		

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. 486-07-0403A		17. INFORMANT Clarence Gordon Richmond Mo.	
				Address	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Degeneration DUE TO (b) Acute Coronary Embolism DUE TO (c) Chronic Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 8 hrs 3 hrs 10 yrs.
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 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 Month, Day, Year	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 October 22 1960 to Nov 5, 60 and last saw her alive on Nov 5 1960  
Death occurred at 9:50 p.m. Nov 6, 60 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John C. Belton (Degree or title) D.O.		22b. ADDRESS 1118 1/2 Main St. Langton Va		22c. DATE SIGNED 11-7-60
23a. BURIAL CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 8 1960	23c. NAME OF CEMETERY OR CREMATORY Sunny Slope Cemetery	23d. LOCATION (City, town, or county) Richmond Mo	

24. FUNERAL DIRECTOR George H Green Marshall Mo.		25. DATE RECD. BY LOCAL REG. 11-8-1960	26. REGISTRAR'S SIGNATURE Mervin E Eastbrook
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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 \_\_\_\_\_

*George H. Green*

Licensed Embalmer No. 4220

P. O. Address Marshall, N.C.

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.