

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-030273

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 282

AMENDED

FILED SEP 11 1961

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
a. COUNTY <b>Pettis</b>		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sedalia</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Pettis</b>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1617 S. Sneed</b>		Length of stay in 1b <b>45 yrs.</b>		c. CITY OR TOWN <b>Sedalia</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. STREET ADDRESS <b>1617 S. Sneed</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		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)			4. DATE OF DEATH			5. SEX		
First <b>Etta</b>			Middle <b>M.</b>			Last <b>Gordon</b>		
6. COLOR OR RACE <b>White</b>			7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>			8. DATE OF BIRTH <b>2/4/86</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>			9. AGE (last birthday) <b>75</b>		
13a. FATHER'S NAME <b>Stephan Crose</b>			13b. MOTHER'S MAIDEN NAME <b>Alice Cruse</b>			12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>none</b>			17. INFORMANT <b>Mrs A.V. Domingue Sedalia, Mo.</b>		
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) <b>Myocardial infarction</b>						<b>Instant</b>		
DUE TO (b) <b>Arteriosclerosis, Coronary</b>						<b>unknown</b>		
DUE TO (c) <b>Generalized arteriosclerosis</b>						<b>unknown</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) <b>Cholecystitis for 30 years</b>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 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 <b>1958</b> to <b>5 Sept 61</b> and last saw her <b>3 Sept 61</b> alive on <b>3 Sept 61</b>				Death occurred at <b>10:46 AM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Deceased or Title) <b>Carl D. Heckert M.D.</b>				22b. ADDRESS <b>1216 Ward 18<sup>th</sup> St, Sedalia Mo</b>		22c. DATE SIGNED <b>5 Sept 61</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>9/7/61</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>		23d. LOCATION (City, town, or county) (State) <b>Sedalia Missouri</b>		
24. FUNERAL DIRECTOR <b>D.W. Heckert</b>			ADDRESS <b>Gillespie Funeral Home Sedalia, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>9-7-1961</b>		
						26. REGISTRAR'S SIGNATURE <b>Frances Shelby</b>		

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

SEP 13 1961

OCT 24 1961

**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 *Oliver Keckart*

Licensed Embalmer No. 3470

P. O. Address \_\_\_\_\_

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.