

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018428

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District 774 Primary Registration District No. 3016 Registrar's No. 222

VS 300
Rev. 4/59

6269

20269

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY COLE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON CITY		Length of stay in 1b 55 YEARS	c. CITY OR TOWN JEFFERSON CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARY HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1308 JOBE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MARGARET Middle SUE Last GORDON	4. DATE OF DEATH Month JUNE Day 7 Year 1962
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-6-1891	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY OWN HOUSE	11. BIRTHPLACE (City and state or country) CALLAWAY COUNTY	12. CITIZEN OF WHAT COUNTRY U S A
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13a. FATHER'S NAME BROOKS KENNEY	13b. MOTHER'S MAIDEN NAME ANNIE BARTLEY	14. NAME OF HUSBAND OR WIFE W. GORDON (DECEASED)
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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. NONE	17. INFORMANT HERB GORDON Address JEFFERSON CITY, MO.
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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) Infection of Myocardium due to HCA & AS HD DUE TO (b) HCA & AS HD DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 3 days 2 years
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pyelonephritis due to Proteus	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
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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.)
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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 JEFFERSON CITY	COUNTY COLE	STATE MO.
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21. I attended the deceased from 9/19/62 to 6-7-62 and last saw her alive on 6-7-62
Death occurred at 8:25 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John J. Matthews MD (Degree or title)	22b. ADDRESS 302 Bolevar Jefferson City	22c. DATE SIGNED 6-8-62
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6-9-1962	23c. NAME OF CEMETERY OR CREMATORY RIVERVIEW CEMETERY	23d. LOCATION (City, town, or county) (State) JEFFERSON CITY, MO.
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24. FUNERAL DIRECTOR GIDEON HOUSER ADDRESS JEFFERSON CITY, MO.	25. DATE RECD. BY LOCAL REG. 8 June 1962	26. REGISTRAR'S SIGNATURE R. P. Harris MD - Recorder, Dep.
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USE BLACK INK OR TYPEWRITER RIBBON

JUN 1 1962

JUL 20 1962

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 Gene C. Hunter

Licensed Embalmer No. 4739

P. O. Address Jefferson City, Mo.

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.