

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

33231

State File No. _____

Registrar's No. 241

Registration District No. 157

Primary Registration District No. 3028

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Mc Cune Brooks
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hrs.
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Carthage
(If outside city or town limits, write "RURAL")

(d) Street No. 1112 Regan St.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME Andy Tobias Gordon

3. (b) If veteran, name war None

3. (c) Social Security No. 490-10-1706A

4. Sex Male 5. Color of race Whiet 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Kate Kalsey Gordon 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased: October 25 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>0</u>	<u>1</u>	hr. _____ min. _____

9. Birthplace Knights Station Mo. D
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Leggett-Platt Bed Spring, Factory

12. Name William Gordon

13. Birthplace Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Hooker

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. T. Gordon

(b) Address 1112 Regan St.,

17. (a) Burial (b) Date thereof Oct 28, '48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director. Ed. C. Ulmer

(b) Address 1208 S. Garrison, Carthage

19. (a) 10-28-1948 (b) L. B. Clinton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26
year 1948 hour 10 minute a.m.

21. I hereby certify that I attended the deceased from Oct 26 '48, 1948, to Oct 26 '48, 1948;
that I last saw him alive on Oct '26 '48, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage Duration 3 1/2 hrs

Due to high blood pressure unknown

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

gordon

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 1

23. Signature L. B. Clinton (M. D. or other) _____

Address Carthage Mo Date signed Oct 27 '48

JUN 7 1954

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *John S. Kennedy*
Licensed Embalmer No. *4194*

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 this body is not embalmed, fact should be so stated above.