

FILED DEC 9 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37040  
4917

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

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, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (In this place) 12 yrs		d. STREET ADDRESS (If rural, give location) 1415 East 17th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2			

3. NAME OF DECEASED (Type or Print) ELLA	a. (First)	b. (Middle)	c. (Last) GORDON	4. DATE OF DEATH NOVEMBER 18 1950
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5. SEX FEMALE 3	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH JULY 4 1900	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months Days	IF UNDER 1 MIN. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) NEW ORLEANS, LOUISIANA /	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME JOSEPH WILLIAMS	13b. MOTHER'S MAIDEN NAME VIOLA ROBINSON	14. NAME OF HUSBAND OR WIFE Thornton Gordon
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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'S SIGNATURE OR NAME MABLE BURROUGH ADDRESS 2201 Flora Avenue
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  44w X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GENERALIZED ARTERIOSCLEROSIS ANTECEDENT CAUSES ARTERIONEPHROSCLEROSIS DUE TO (b) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 11-11, 1950, to 11-18, 1950, that I last saw the deceased alive on 11-18, 1950, and that death occurred at 9:36P m., from the causes and on the date stated above.

23a. SIGNATURE B. Frank Ellis MD (Degree or title)	23b. ADDRESS 600 East 22nd Street	23c. DATE SIGNED 11-20-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 11-23-50	24c. NAME OF CEMETERY OR CREMATORY --	24d. LOCATION (City, town, or county) (State) Abbville, La.
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DATE REC'D BY LOCAL REG. 11-22-50	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS West, Appleton & Jones, 1905 Vine St.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3008

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Thompson Gordon

# 1061112, La.

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed *[Signature]*  
Student Embalmer No. ....

Licensed Embalmer No. *2710*

P. O. Address *[Signature]*

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.