

FILED MAY 21 1951

STANDARD CERTIFICATE OF DEATH

State File No. 15646

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 535

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph 0117	
c. LENGTH OF STAY (In this place) 1 day		d. STREET ADDRESS (If rural, give location) 2703 South 22nd St. 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Josephs Hosuital			

3. NAME OF DECEASED (Type or Print) Eugene Gordon			4. DATE OF DEATH (Month) (Day) (Year) May 11 1951		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	
8. DATE OF BIRTH May 4, 1884		9. AGE (In years last birthday) 67		10. UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) plasterer		10b. KIND OF BUSINESS OR INDUSTRY building		11. BIRTHPLACE (State or foreign country) Buchanan County, Missouri 0	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME D. E. Gordon		13b. MOTHER'S MAIDEN NAME Isabelle Gosnell		14. NAME OF HUSBAND OR WIFE Ella 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. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME Mr. Denney Gordon, 3402 Jackson	
				ADDRESS St. Joseph	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Ulcers of Esophagus</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____ DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Mitral Stenosis</i>				INTERVAL BETWEEN ONSET AND DEATH 5 1/2 -	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 150X			20. AUTOPSY? YES <input 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)	
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?	

22. I hereby certify that I attended the deceased from 2/19, 1951, to 5/11, 1951, that I last saw the deceased alive on 5/11, 1951, and that death occurred at 12:31 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>Frank W. Warden</i> (Degree or title) M.D.		23b. ADDRESS 626 Horner Dr		23c. DATE SIGNED 5/11/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5/14/1951		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Joseph Missouri	

DATE REC'D BY LOCAL REG. May 18, 1951		REGISTRAR'S SIGNATURE <i>Carl E. Cash</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Wheaton-Bowman Funeral Home</i> ADDRESS St. Joseph Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

L. F. K. - M. A. E. - J. C. -

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 _____

Kenneth E. Hayes

Student Embalmer No. *428*

working under my personal supervision.

Student *Kenneth E. Hayes*
Student Embalmer

Signed *William Spelling*

Licensed Embalmer No. *4535*

P. O. Address *319 S. 10th St. Omaha*

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.