

FILED JUL 30 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23454

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3029 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>ST. FRANCIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Crystal City, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bismarck 0940</b>	
c. LENGTH OF STAY (in this place) <b>8 mos</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MOUNTAIN VIEW NURSING HOME</b>			

3. NAME OF DECEASED (Type or Print) <b>MARGARET E GORDON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>7-14-51</b>		
a. (First)	b. (Middle)	c. (Last)	5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>
8. DATE OF BIRTH <b>8-14-1857</b>	9. AGE (In years last birthday) <b>93</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	11. BIRTHPLACE (State or foreign country) <b>St. Francois County</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>William Devine</b>	13b. MOTHER'S MAIDEN NAME <b>MARY Devine</b>	14. NAME OF HUSBAND OR WIFE
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.	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. W. J. Devine</b> ADDRESS

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardio-Vascular Renal Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Worse week</b>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
	III. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>442X</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)	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 7-11, 1951, to 7-14, 1951, that I last saw the deceased alive on 7-13, 1951, and that death occurred at 2:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>M. J. Devine, M.D.</b>	23b. ADDRESS <b>Crystal City, Mo.</b>	23c. DATE SIGNED <b>7-14-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>7-17-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Cent</b>
24d. LOCATION (City, town, or county) (State) <b>2 mi. S.E. Bismarck, Mo.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Shipman-Sparks</b>	ADDRESS <b>Bismarck, Mo.</b>
DATE REC'D BY LOCAL REG. <b>7-21-51</b>	REGISTRAR'S SIGNATURE <b>Charles Domes</b>	

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

JUL 30 1951

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI  
DATE RECEIVED 7-25-51

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 \_\_\_\_\_

*John N. Shipman*

Student Embalmer No. *514 419*

working under my personal supervision.

Student *John N. Shipman*  
Student Embalmer

Signed *Everett Sparks*

Licensed Embalmer No. *4287*

P. O. Address *1st River St*

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.