

No. 300  
10. 48

FILED SEP 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30803

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ill.</u> b. COUNTY <u>Cook</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Hudson</u>	c. LENGTH OF STAY (In this place) <u>7 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chicago</u> <u>8120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hill-Heldroth Art Sanatorium</u>		d. STREET ADDRESS (If Rural, give location) <u>4746 Greenwood</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Saul</u> b. (Middle) <u>Shepherd</u> c. (Last) <u>Gordon</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 21 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Apr. 9, 1888</u>
9. AGE (In years last birthday) <u>63</u>		UNDECEASED 1 YEAR Months _____ Days _____	IF UNDER 12 mos. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Fuel Oil</u>	11. BIRTHPLACE (State or foreign country) <u>Chicago, Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>Mark Gordon</u>		13b. MOTHER'S MAIDEN NAME <u>Rosa Berkson</u>	14. NAME OF HUSBAND OR WIFE <u>Allie Gordon</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>312-09-5493</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. S. S. Gordon</u> ADDRESS <u>Chicago, Ill.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Rheumatic fever with valvular damage</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9 years</u>  <u>Age 14</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>414X</u>		20. AUTOPSY? 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 <u>Aug 14, 1951</u> , to <u>Aug 21, 1951</u> , that I last saw the deceased alive on <u>Aug 21, 1951</u> , and that death occurred at <u>5:50 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>A. P. Hoyle D.O.</u> (Degree or title) <u>2</u>		23b. ADDRESS <u>Macon Mo.</u>	23c. DATE SIGNED <u>Aug 21-1951</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8/22/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>	24d. LOCATION (City, town, or county) (State) <u>Chicago, Ill.</u>
DATE REC'D BY LOCAL REG. <u>9-8-51</u>	REGISTRAR'S SIGNATURE <u>Ruth McNeely</u> <u>185</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alvin Skinner</u> ADDRESS <u>Macon Mo</u>	

(Licensed Embalmers' Statement on Reverse Side)

RECEIVED  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 9.51.145  
Date Filed 9.24.51

OCT 13 1951

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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.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *Thos. L. Batt*

Licensed Embalmer No. *4552*

P. O. Address *Macon, 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 this body is not embalmed, fact should be so stated above.