

FILED MAR 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9051

BIRTH NO.		REG. DIST. NO. 200	PRIMARY REG. DIST. NO. 5725	Registrar's No. 14
1. PLACE OF DEATH a. COUNTY Macon County, Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Canada b. COUNTY province Ontario		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Macon, Hudson twmp		c. LENGTH OF STAY (in this place) 13 1/2 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 8600
d. FULL NAME OF HOSPITAL OR INSTITUTION Still-Hildreth Sanatorium		d. STREET ADDRESS (If rural, give location) 8		
3. NAME OF DECEASED (Type or Print) Jeanne		a. (First)	b. (Middle)	c. (Last) Gordon
4. DATE OF DEATH (Month) (Day) (Year) Feb. 21 1952		5. SEX F		6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 2		8. DATE OF BIRTH Jan. 26, 1883		9. AGE (In years last birthday) 69
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Opera singer		11. BIRTHPLACE (State or foreign country) Ontario, Canada
12. CITIZEN OF WHAT COUNTRY? Nat: U.S.A.		13a. FATHER'S NAME David A. Gordon		
13b. MOTHER'S MAIDEN NAME Rose Fox		14. NAME OF HUSBAND OR WIFE Ralph Trix (divorced)		
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 A. Sinclair Gordon (bro.)
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) Coronary thrombosis 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. Schizophrenia		INTERVAL BETWEEN ONSET AND DEATH immediate
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		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 Jan. 1, 1945, to Feb. 21, 1952, that I last saw the deceased alive on Feb. 21, 1952, and that death occurred at 1:30p m., from the causes and on the date stated above.				
23a. SIGNATURE Anna R. Mauck D.O.		23b. ADDRESS Macon, Missouri		23c. DATE SIGNED Feb. 21, 1952
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal of 1		24b. DATE 2/23/52		24c. NAME OF CEMETERY OR CREMATORY Riverview cemetery
24d. LOCATION (City, town, or county) (State) Wallaceburg, Ontario, Canada		25. FUNERAL DIRECTOR'S SIGNATURE Albert Skinner Macon		
DATE REC'D BY LOCAL REG. 2/24/52		REGISTRAR'S SIGNATURE 185 Ruth McNeely		ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3-18-52
MACON COUNTY HEALTH DEPARTMENT
County File No. 35776
Date Filed 3-18-52

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 Thos. L. Ball

Signed.....
Student Embalmer

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.