

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12044

State File No. ....

APR 21 1952  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 393

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

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b> <span style="float:right">0117</span>	
c. LENGTH OF STAY (In this place) <b>Lifetime</b>		d. STREET ADDRESS (If rural, give location) <b>705 N.9th Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>705 N.9th Street</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Harry</b> b. (Middle) <b>Franklin</b> c. (Last) <b>Gordon</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 9, 1952.</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Jewish</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>November 26, 1889</b>
9. AGE (In years last birthday) <b>62</b>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cigar Store Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Partner</b>	11. BIRTHPLACE (State or foreign country) <b>St. Joseph, Missouri.</b> <span style="float:right">0</span>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Nathan Gordon</b>		13b. MOTHER'S MAIDEN NAME <b>Hermine Millner</b>	14. NAME OF HUSBAND OR WIFE <b>Nellie L. Gordon</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If yes, give war or dates of service) <b>World War #1.</b>		16. SOCIAL SECURITY NO. <b>500-07-1767</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Nellie L. Gordon St. Joseph, Mo.</b>
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>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Heart Disease</b>			
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 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) (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 <b>April 1934</b> to <b>April 9, 1952</b> , that I last saw the deceased alive on <b>April 9, 1952</b> , and that death occurred at <b>4:30 P. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Dr. L. H. Frazier M.D.</b> (Degree or title)		23b. ADDRESS <b>St. Joseph, Mo.</b>	23c. DATE SIGNED <b>4-11-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>April 11, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Shaare Sholem Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri.</b>
DATE REC'D BY LOCAL REG. <b>April 15, 1952</b>	REGISTRAR'S SIGNATURE <b>Carl C. Cash</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter Michoff</b>	ADDRESS <b>St. Joseph, Mo.</b>



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 \_\_\_\_\_ \*\*\*\*

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working under my personal supervision.

Student Embalmer No. .... \*\*\*\* \*

Signed..... \*\*\* \*\*\*\*\*  
Student Embalmer

Signed Albert B. Harrington

Licensed Embalmer No. 6258 Missouri.

P. O. Address St. Joseph, Missouri.

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.