

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300

10-48

FILED JUN 9 1952

 BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3057 Registrar's No. 177

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bonne Terre		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Esther 2940	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bonne Terre Hosp.		d. STREET ADDRESS (If rural, give location) 8	

3. NAME OF DECEASED (Type or Print) CHARLES NEWTON GORDON			4. DATE OF DEATH (Month) (Day) (Year) MAY 31, 1952		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Oct-8, 1868		9. AGE (In years last birthday) 83		10. IF UNDER 1 YEAR Months Days Hours Min. 7 23	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Farmer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Paralee Conrad Gordon	
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 ADDRESS Thomas Gordon Springfield, Mo	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic nephritis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Asteris released</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 446X		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) (Min.)		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 5-26, 1952, to 5-31, 1952, that I last saw the deceased alive on 5-31, 1952, and that death occurred at 8 P m., from the causes and on the date stated above.

23a. SIGNATURE C. H. Applebury M.D. (Degree or title)		23b. ADDRESS Flat River Mo		23c. DATE SIGNED 6-2-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June-2, 1952		24c. NAME OF CEMETERY OR CREMATORY Sebastian Cemetery	
24d. LOCATION (City, town, or county) (State) Madison Co. Mo.					

DATE REC'D BY LOCAL REG. June 3, 1952		REGISTRAR'S SIGNATURE Esther Rudolph 289-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SPARKS F. HOME Flat River, Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

 941
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APR 18 1952

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

Murphy Sparks

Licensed Embalmer No. *4356*

P. O. Address *Hot River, 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.