

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23260**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **6082** Registrar's No. **131**

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Arrow Rock Twp.</b> c. LENGTH OF STAY (In this place) <b>---</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b> <b>1972</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>9 miles east of Marshall</b>		d. STREET ADDRESS (If rural, give location) <b>Park Avenue</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Perry</b> b. (Middle) <b>Dallas</b> c. (Last) <b>Gordon</b>			4. DATE OF DEATH <b>June 26, 1952</b> (Month) (Day) (Year)		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>Feb. 3, 1894</b>	9. AGE (In years last birthday) <b>58</b>	IF UNDER 1 YEAR Days <b>4</b> Hours <b>23</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farm tenant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>James Clark Gordon</b>	13b. MOTHER'S MAIDEN NAME <b>Deborah Parish</b>	14. NAME OF HUSBAND OR WIFE <b>-----</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) <b>---</b>	16. SOCIAL SECURITY NO. <b>496-16-0550</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Roy McDaniel</b> ADDRESS <b>Marshall, Mo.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>Instantly</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Crushed left chest - Hemorrhage</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Car collided with truck.</b> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>E 8101 26</b>			

19a. DATE OF OPERATION <b>✓</b>	19b. MAJOR FINDINGS OF OPERATION <b>✓</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident - Highway 41</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>---</b>	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <b>Arrow Rock Saline Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>June 26, 1952 9:20 AM</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Collision - Car and truck</b>
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22. I hereby certify that I attended the deceased from **made an investigation June 26**, 19**52**, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **9 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>C. L. Lawless M.D., Coroner Saline Co</b> (Degree or title) <b>3</b>	23b. ADDRESS <b>Marshall Mo.</b>	23c. DATE SIGNED <b>6-26-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 28, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Blue Lick Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Saline County, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>June-27-1952</b>	REGISTRAR'S SIGNATURE <b>Asa...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Campbell-Lewis</b> ADDRESS <b>Marshall Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3.300  
3.48

70  
3

FILED JUN 30 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 *James H. Lewis Jr.* \_\_\_\_\_

Licensed Embalmer No. *4769* \_\_\_\_\_

P. O. Address *Marshall, 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.