

17198

State File No. ....

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 11 1956

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 255 PRIMARY REG. DIST. NO. 5875 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>Oregon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u> <u>0736</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Thomasville,</u>		c. LENGTH OF STAY (In this place) <u>3 yrs.</u>	c. CITY OR TOWN <u>Thomasville</u>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>X</u>			e. STREET ADDRESS <u>RFD</u> (Rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida May</u> b. (Middle) _____ c. (Last) <u>Gordon</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-31-1956</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____	8. DATE OF BIRTH <u>9-18-1895</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ozark County, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>C. E. Welker</u>		13b. MOTHER'S MAIDEN NAME <u>Sarilda Griffith</u>	14. NAME OF HUSBAND OR WIFE <u>A. T. Gordon</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war & dates of service) <u>X</u>		16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>A. T. Gordon, Thomasville, Mo</u> ADDRESS _____		
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) <u>ARTERIOULAR NEPHROSCLEROSIS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>DIABETES Mellitus,</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1. HYPERTENSION, ESSENTIAL</u> <u>2. HYPERTENSIVE Cardio-Vascular Dis.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u> <u>YEARS</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>260X</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) _____ 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 <u>JAN 23, 1954</u> , to <u>5-31, 1956</u> that I last saw the deceased alive on <u>5-27, 1956</u> and that death occurred at <u>2:55</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Jack B. Welker, M.D.</u> (Degree or title)		23b. ADDRESS <u>West Plains, Mo</u>		23c. DATE SIGNED <u>6-2-56</u>	
24a. BURIAL OR CREMATION, REMOVAL (Specify) <u>B</u>	24b. DATE <u>6-2-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodside</u>	24d. LOCATION (City, town, or county) <u>Thomasville, Mo</u> (State) _____		
DATE REC'D BY LOCAL REG. <u>6-1-56</u>	REGISTRAR'S SIGNATURE <u>Clayde A. Brigger</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertsons, West Plains, Mo</u>		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

MS  
FEB 18 1960

1 JUN 22 1958

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ..... Student Embalmer No. ....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*D. Roberts*

Licensed Embalmer No. *38*

P. O. Address *West Hill*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.