

FILED JUL 5 1956 STANDARD CERTIFICATE OF DEATH

20508
State File No. 2699

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2699</u>			
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>KANSAS</u> b. COUNTY <u>JOHNSON</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>5 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MISSION</u>		d. STREET ADDRESS (If rural, give location) <u>5825 Nall Ave.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LUKE'S HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>5825 Nall Ave.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>HAROLD</u>		b. (Middle) <u>J.</u>		c. (Last) <u>GORDIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6/19/56</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, 1- WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>August 3, 1898</u>			
9. AGE (in years last birthday) <u>57</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer (own)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>COLO.</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>COLO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Arthur Gordin</u>		13b. MOTHER'S MAIDEN NAME <u>Zadie Rodman</u>			
13a. FATHER'S NAME <u>Arthur Gordin</u>		13b. MOTHER'S MAIDEN NAME <u>Zadie Rodman</u>		14. NAME OF HUSBAND OR WIFE <u>Mary O'Mara Gordin</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>512-09-2728</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. W.E. Smith (mother)</u>		ADDRESS <u>Paonia, Colo.</u>			
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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u>				ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>				2 mos.	
DUE TO (b) <u>Bronchogenic Carcinoma</u>				DUE TO (c)				6 mos.	
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>Bronchogenic Carcinoma</u>	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>Bronchogenic Carcinoma</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)			
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)			
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 <u>February, 1956, to 19 June, 1956</u> , that I last saw the deceased alive on <u>19 June, 1956</u> , and that death occurred at <u>12:50 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>John H. Mayer Jr.</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>4620 J.C. Nichols Pkwy K.C. Mo.</u>		23c. DATE SIGNED <u>6/20/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6/20/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lenexa, Ks.</u>			
DATE REC'D BY LOCAL REG. <u>6-20-56</u>		REGISTRAR'S SIGNATURE <u>Deva Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>JOS. A. BUTLER'S SONS</u>		ADDRESS <u>K.C.K</u>			

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

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 Harry Butler

Licensed Embalmer No. 2845

P. O. Address K. C. K.

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.