

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22655
STATE FILE NUMBER

FILED AUG 15 1956

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 242

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|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY ADAIR | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Iowa b. COUNTY Wayne | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KIRKSVILLE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Limeville Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION KIRKSVILLE OCEANIC Length of stay in 1b 4 MOS | | d. STREET ADDRESS Gen. Del. (If inside corporate limits) (If outside, give location) 8 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First EMMA Middle GORDON Last GORDON | | | 4. DATE OF DEATH Month 8 Day 10 Year 56 |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 12-1-79 |
| 9. AGE (In years last birthday) 76 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 11. BIRTHPLACE (City and state or country) Mo |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY Same | 11. BIRTHPLACE (City and state or country) |
| 10c. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13. FATHER'S NAME Marian Anderson | | 14. MOTHER'S MAIDEN NAME Unknown | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) - (If yes, give war or dates of service) - | | 16. SOCIAL SECURITY NO. - | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? | | 17. INFORMANT Ivan Edgman Limeville Ia Address Limeville Ia | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ASPHYXIA DUE TO (b) BRONCHOPNEUMONIA DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH 2 WEEKS |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) FRACTURE OF LEFT FEMUR NECK 491XF | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) FALL AT HOME | | |
| 20c. TIME OF INJURY Hour 8:00 a. m. 4-12-56 Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) HOME | 20f. CITY, TOWN, OR LOCATION | COUNTY | STATE |
| 21. I attended the deceased from April 12, 1956 to August 10, 1956 and last saw her/him alive on August 9, 1956 . Death occurred at 1:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Ralph L. Willard MD | | 22b. ADDRESS 800 W JEFFERSON, KIRKSVILLE | 22c. DATE SIGNED 8-10-56 |
| 23a. BURIAL OR CREMATION REMOVAL (Specify) | 23b. DATE 8-10-56 | 23c. NAME OF CEMETERY OR CREMATORY Limeville Cemetery | 23d. LOCATION (City, town, or county) (State) Limeville, Iowa |
| 24. FUNERAL DIRECTOR Davis & Davis - Kirksville ADDRESS Kirksville | | 25. DATE RECD. BY LOCAL REG. 8-10-56 | 26. REGISTRAR'S SIGNATURE Kate Lambert |

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1-56

Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE-ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....
Signature of Student Embalmer

Signed *Robert B Davis*

Licensed Embalmer No. *42*

P. O. Address *Perkinsville*

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.