

FILED JUL 20 1956
Dayton

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23006

State File No.

BIRTH NO. _____ REG. DIST. NO. 389 PRIMARY REG. DIST. NO. 5173 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR <u>R.R.#1, Hartsburg, Mo</u>		c. LENGTH OF STAY (in this place) _____	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____		e. STREET ADDRESS (If rural, give location) <u>R.R.#1, Hartsburg, Missouri</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Susan</u>	b. (Middle) <u>Ann</u>	c. (Last) <u>Gordon</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 15 1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Oct-22-1872</u>	9. AGE (In years) (Last birthday) <u>83</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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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>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Callaway County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Samuel Burnett</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Coonce</u>	14. NAME OF HUSBAND OR WIFE <u>I. G. Gordon</u>
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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>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Dave Allen, Hartsburg, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>years</u> <u>5 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>diabetes, arteriosclerosis</u> DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral hemorrhage</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>443x</u>
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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? _____
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22. I hereby certify that I attended the deceased from Jan 53, to June 15, 1956, that I last saw the deceased alive on June 15, 1956, and that death occurred at 8:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. A. Dayton</u> (Degree or title) _____	23b. ADDRESS <u>M.O. Jefferson City, Mo.</u>	23c. DATE SIGNED <u>6-20-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June-17-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Holt Summit, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>July 14-56</u>	REGISTRAR'S SIGNATURE <u>LeRoy Claypool</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Boyd Town Jefferson City Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

9-0

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 *Thompson Gordon*

Licensed Embalmer No. *1780*

P. O. Address *Yelp Co*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.