

FILED OCT 8 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29881

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1066

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY -- OR TOWN <u>St. Joseph</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>No. Methodist Hospt.</u>				Length of stay in 1b <u>3 weeks</u>		d. STREET (If outside, give location) ADDRESS <u>809 W. Hyde Park Ave</u>	
3. NAME OF DECEASED (Type or print) First <u>Jack</u> Middle <u></u> Last <u>Gordon</u>				4. DATE OF DEATH Month <u>Sept.</u> Day <u>27</u> Year <u>1956</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Jan. 5, 1889</u>		9. AGE (In years (last birthday)) <u>67</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <u>Blacksmith</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Blacksmith h shop</u>		11. BIRTHPLACE (City and state or country) <u>Atlantic, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Unknown</u>				14. MOTHER'S MAIDEN NAME <u>Unknown</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>491-24-8031</u>		17. INFORMANT Address <u>Mary Rose Gordon 809 W. Hyde Park St. Joseph, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Emboli, Left</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Generalized arterio-sclerosis</u> DUE TO (c) <u>4500</u>						INTERVAL BETWEEN ONSET AND DEATH <u>7 days.</u> <u>10 years.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Encephalomyelitis, Phlegm, Diabetes, Old Coronary Infarct</u>						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input 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.)				
20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>9-7-56</u> to <u>9-27-56</u> and last saw her/him alive on <u>9-27-56</u> Death occurred at <u>6:35 PM 9-27-56</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deed or title) <u>Willert B. Kelley M.D.</u>				22b. ADDRESS <u>Sadannah, Mo</u>		22c. DATE SIGNED <u>9-28-56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Sept. 29, 56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows Public Cem</u>		23d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>			
24. FUNERAL DIRECTOR ADDRESS <u>Clark Funeral Home St. Joseph, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Oct 4, 1956</u>		26. REGISTRAR'S SIGNATURE <u>Ethel M. Allison</u>	

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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

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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 Paul C. Clark....., Student Embalmer No. 539 working under my personal supervision..

Student Paul F. Clark.....  
Signature of Student Embalmer

Signed Emmett Clark.....

Licensed Embalmer No. 42

P. O. Address St. Paul

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.