

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 28 1957

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY ADAIR		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY SHELBY	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN HAYSVILLE		c. CITY OR TOWN CLARENCE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR LAUNDRY INSTITUTION HOSPITAL 1MO		d. STREET ADDRESS (If outside, give location) CLARENCE R.R.	

3. NAME OF DECEASED (Type or print) First HARRY Middle MIL Last GORDAN			4. DATE OF DEATH Month JAN Day 17 Year 1957		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MARCH 22 1892	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and state or country) DAVENPORT IOWA	
13. FATHER'S NAME JOHN GORDAN			14. MOTHER'S MAIDEN NAME LUCY TRACY		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 125		17. INFORMANT GLENN GORDAN Address CLARENCE MO	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Toxic Coma - Secondary to		INTERVAL BETWEEN ONSET AND DEATH Unknown
DUE TO (b) Stricture of Bile Ducts with		
DUE TO (c) Hepatic Insufficiency		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) TERMINAL UREMIA		

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.) 586x		
20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m.			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 12-17-56 to 1-17-57 and last saw ^{her} him alive on 1-17-57 Death occurred at 2 PM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Earl Langhans Jr Doct		22b. ADDRESS Hertselle Mo	22c. DATE SIGNED 1-21-57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1-20-57	23c. NAME OF CEMETERY OR CREMATORY DAN GROVE CEMETERY	23d. LOCATION (City, town, or county) (State) MONROE COUNTY MO
24. FUNERAL DIRECTOR Charles V. Green ADDRESS Clarence Mo		25. DATE RECD. BY LOCAL REG. 1-23-1957	26. REGISTRAR'S SIGNATURE Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

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

00-56

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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, Student Embalmer No. working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed *Charles V. Green*

Licensed Embalmer No. *46*

P. O. Address *Chen...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.