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FILED OCT 7 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30896
STATE FILE NUMBER
1039

Registration District No. 42 Primary Registration District No. 1000

Registrar's No. 1039

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Washington b. COUNTY Yakima	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Yakima
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Meth. Hosp.		Length of stay in lb 1 day	d. STREET ADDRESS 307 E. Beach
3. NAME OF DECEASED (Type or print) First Middle Last Joseph E. Gordon			4. DATE OF DEATH Month Day Year Sept. 17, 1957
5. SEX <input checked="" type="checkbox"/> male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 4, 1888
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. operator		10b. KIND OF BUSINESS OR INDUSTRY Parking Lot	11. BIRTHPLACE (City and state or country) Kankakee, Ill.
12. CITIZEN OF WHAT COUNTRY? USA		13. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Ila Gordon
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) yes W.W.#1		16. SOCIAL SECURITY NO. unknown	17. INFORMANT Address Mrs. Ila Gordon, 307 E. Beach, Yakima, Wash.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cardiac Failure DUE TO (b) Acute Asthmatic Attack - Recurrent DUE TO (c) 241X Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not regarded as the terminal disease condition given in PART I (a) Arteriosclerosis Gen - Old Rheumatic Heart Disease			INTERVAL BETWEEN ONSET AND DEATH acute yrs.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 9-16-57 to 9-17-57 and last saw ^{HEP} him alive on 9-17-57 Death occurred at 4:35a. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert W. Keelber, M.D.		22b. ADDRESS St. Joseph, Mo	22c. DATE SIGNED 9-18-57
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 9/17/1957	23c. NAME OF CEMETERY OR CREMATORY Terrace Heights Memorial Yakima, Wash.
23d. LOCATION (City, town, or county) (State)		24. FUNERAL DIRECTOR Heaton-Bowman	
25. DATE RECD. BY LOCAL REG. St. Joseph, Mo Sept. 20, 1957		26. REGISTRAR'S SIGNATURE Mrs. Robert Fulton	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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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 *William Spelling*

Licensed Embalmer No. 4535

P. O. Address 319 S. 10th St. ...

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.