

FILED DEC 3 - 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH41659  
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 369

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS COUNTY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RURAL ST. FRANCOIS</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>FARMINGTON</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>MINERAL AREA</u> INSTITUTION <u>OSTEOPATHIC HOSH.</u>				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>ROUTE #1</u>		
3. NAME OF DECEASED (Type or print) <u>BABY BOY GORDON</u>			First	Middle	Last	4. DATE OF DEATH Month <u>NOV.</u> Day <u>12</u> Year <u>1957</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>NOV. 12 1957</u>		9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>MISSOURI</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13. FATHER'S NAME <u>JULIAN PAUL GORDON</u>				14. MOTHER'S MAIDEN NAME <u>MARGARET GRAHAM THOMSON</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>NONE</u>		17. INFORMANT Address <u>Julian Paul Gordon, Farmington, 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>PREMATURITY</u>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>MISCARRIAGE</u> DUE TO (c) <u>EARLY RUPTURE OF AMINON (SPONTANEOUS)</u>							INTERVAL BETWEEN ONSET AND DEATH <u>6 DAYS</u>	
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 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>11-12-57</u> to <u>11-12-57</u> and last saw <u>him</u> alive on <u>11-12-57</u> Death occurred at <u>10:30 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>M. Heise</u>				22b. ADDRESS <u>FARMINGTON, MISSOURI</u>		22c. DATE SIGNED <u>11-13-57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov. 13, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Parkview Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Near Farmington Mo.</u>			
24. FUNERAL DIRECTOR ADDRESS <u>C. H. COZEAN FARMINGTON, MO.</u>			25. DATE RECD. BY LOCAL REG. <u>NOV. 13, 1957</u>		26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>			

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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(Licensed Embalmer's Statement on Reverse Side)

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

*Not embalmed*

Signed.....

*Chazan*

Licensed Embalmer No. *408*

P. O. Address *San Jose*

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.