

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000357

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 25 STATE FILE NUMBER

**FILED JAN 16 1963**

1. PLACE OF DEATH  
 a. COUNTY Buchanan  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph Length of stay in 1b 20yrs  
 c. CITY OR TOWN St. Joseph, Inside Limits Yes  No   
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Sunnyslope Nursing Home Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 3325 So 11th Reside on Farm Yes  No

3. NAME OF DECEASED First Georgia Middle H Last Gordon 4. DATE OF DEATH Month Jan. Day 7 Year 1963

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH June 3, 1879 9. AGE (last birthday) 83 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RF 10b. KIND OF BUSINESS OR INDUSTRY Seamstress 11. BIRTHPLACE (City and state or country) Rushville, Mo 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Robert Gordon 13b. MOTHER'S MAIDEN NAME Margaret Morgon 14. NAME OF HUSBAND OR WIFE deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 17. INFORMANT Address Henry Gordon, St. Joseph, 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) Cerebral vascular accident INTERVAL BETWEEN ONSET AND DEATH 10 days.  
 DUE TO (b) A.S.H.D. years  
 DUE TO (c) \_\_\_\_\_

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diphtheria - Arteriosclerosis - Senile psychosis. PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. Month, Day, Year \_\_\_\_\_

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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 29 June '62 to 1/6/63 and last saw her alive on 6 Jan 1963. Death occurred at 9:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) William P. McDonald M.D. 22b. ADDRESS 301 N. 8<sup>th</sup> St. St. Joseph 22c. DATE SIGNED 8 Jan 63 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 1/9/63 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery 23d. LOCATION (City, town or county) St. Joseph, Mo

24. FUNERAL DIRECTOR Shelby ADDRESS St. Joseph, Mo 25. DATE RECD. BY LOCAL REG. Jan. 14, 1963 26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59  
 1 5117  
 2 5117  
 3  
 4 1  
 5 2  
 6  
 7 0  
 8 2  
94200  
 10  
 11  
12 86-0  
13 1-0

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 SHOULD READ  
 ITEM NO.  
 BY AFFIDAVIT OF: W.P.H. Donald, M.D.  
 MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

