

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037062

STATE FILE NUMBER

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 39

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FILED SEP 19 1963	
1. PLACE OF DEATH	
a. COUNTY <u>Camden</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Caruthersville</u>	a. STATE <u>Mo.</u> b. COUNTY <u>Camden</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>East 6th St</u>	c. CITY OR TOWN <u>Caruthersville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. STREET ADDRESS <u>East 6th St.</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)	
First <u>Matilda</u> Middle <u>Gordon</u> Last <u>Gordon</u>	4. DATE OF DEATH
SEX <u>Female</u>	Month <u>9</u> Day <u>8</u> Year <u>63</u>
6. COLOR OR RACE <u>Colored</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>abt 60</u>	9. AGE (last birthday)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home work</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>
11. BIRTHPLACE (City and state or country) <u>Miss</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Jessie Tom Masley</u>	13b. MOTHER'S MAIDEN NAME <u>Jessie Woods</u>
14. NAME OF HUSBAND OR WIFE <u>Will Gordon</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>[Redacted]</u>
17. INFORMANT <u>Will Gordon</u>	Address <u>Caruthersville Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I: DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <u>Cerebral Accident</u>	INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
Conditions, if any, which gave rise to above cause: (a), stating the underlying cause last.	DUE TO (b) <u>Hypertensive C.V. disease</u>
	DUE TO (c) <u>[Redacted]</u>
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
PART III: If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 <u>[Redacted]</u> Month, Day, Year <u>[Redacted]</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>9-3-63</u> to <u>9-8-63</u> and last saw her <u>alive</u> on <u>9-7-63</u>	
Death occurred at <u>2:15 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22. SIGNATURE <u>[Signature]</u> (Degree or title)	22b. ADDRESS <u>Caruthersville Mo.</u>
22c. DATE SIGNED <u>9-9-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE
<u>Burial</u>	<u>9-12-63</u>
23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<u>Holly Brown</u>	<u>Stiles Mo</u>
24. FUNERAL DIRECTOR <u>Hermon Funeral Home</u>	25. DATE RECD. BY LOCAL REG. <u>9-13-63</u>
ADDRESS <u>Stiles Mo</u>	26. REGISTRAR'S SIGNATURE <u>Jack W Tipton</u>

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 Jim F. McClure

Licensed Embalmer No. 5104

P. O. Address St. Louis, Missouri

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.