

FILED NOV 15 1950

THE DIVISION OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34450**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **3057** Registrar's No. **62**

0491

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Ray</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Richmond</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Richmond</b>	
c. LENGTH OF STAY (in this place) <b>5 mos.</b>		d. STREET ADDRESS (If rural, give location) <b>112 McKinley</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>112 McKinley</b>			

3. NAME OF DECEASED (Type or Print) <b>Arizona Gordon</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10-31-1950</b>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <b>Female</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Mar. 12, 1883</b>		9. AGE (In years last birthday) <b>67</b>		IF UNDER 1 YEAR Months <b>7</b> Days <b>19</b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY -----				11. BIRTHPLACE (State or foreign country) <b>Missouri</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			

13a. FATHER'S NAME <b>Richard Hart</b>			13b. MOTHER'S MAIDEN NAME <b>Emma Johnson</b>			14. NAME OF HUSBAND OR WIFE <b>Allen Gordon</b>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -----		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Dolliver Elliott-Richmond, Mo.</b>				ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<b>Cerebral Hemorrhage</b>				<b>2 days</b>	
		ANTECEDENT CAUSES		<b>Cardio Vascular Disease</b>				<b>5 y. rel.</b>	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)					
				DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
		<b>331X</b>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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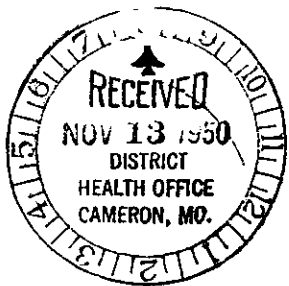
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **June 4, 1950**, to **Oct 31, 1950**, that I last saw the deceased alive on **Oct 31, 1950**, and that death occurred at **10 A.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>D. E. Q. Renner A.B. D.D. 2</b>		23b. ADDRESS <b>Richmond, Mo.</b>		23c. DATE SIGNED <b>11/1/50</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-2-1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunny Slope</b>		24d. LOCATION (City, town, or county) (State) <b>Richmond, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>Nov 5 - 1950</b>		REGISTRAR'S SIGNATURE <b>Malcolm Jackson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas J. Carter</b>		ADDRESS <b>Richmond, Mo.</b>	
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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 .....  
Student Embalmer

Signed Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, Va

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 this body is not embalmed, fact should be so stated above.