

FILED JAN 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1074

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3038 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>HICKORY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WHEATLAND RURAL</u>	
c. LENGTH OF STAY (in this place) <u>2 WEEKS</u>		d. STREET ADDRESS (If rural, give location) <u>3 miles north of Wheatland Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WETZEL Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Glen</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>Jordan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 17 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 24-1903</u>	9. AGE (In years last birthday) <u>45</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>23</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dairy Farming</u>		11. BIRTHPLACE (State or foreign country) <u>WHEATLAND Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					

13a. FATHER'S NAME <u>S.A. JORDON</u>		13b. MOTHER'S MAIDEN NAME <u>ARBELL BRESHEARS</u>		14. NAME OF HUSBAND OR WIFE <u>GRACE JORDON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>yes</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lloyd Jordan</u> ADDRESS <u>Wheatland Mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		ANTECEDENT CAUSES <u>Anterior Sclerosis</u>					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
11. OTHER SIGNIFICANT CONDITIONS <u>450</u>		Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>L</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
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? _____			

22. I hereby certify that I attended the deceased from Jan 6, 1949, to Jan 17, 1949, that I last saw the deceased alive Jan 17, 1949, and that death occurred at 12:40 p.m. from the causes and on the date stated above.

23a. SIGNATURE <u>Gus D. [Signature]</u> (Degree or title) <u>2</u>		23b. ADDRESS <u>Clinton Mo</u>		23c. DATE SIGNED <u>1-17-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 19-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WHEATLAND CEM</u>	
24d. LOCATION (City, town, or county) (State) <u>WHEATLAND Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hubert Hathaway</u> ADDRESS <u>Wheatland Mo</u>			
DATE REC'D BY LOCAL REG <u>Jan 17-49</u>		REGISTRAR'S SIGNATURE <u>R.R. Kenney</u> 120			

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

42
1
2

RECEIVED

District Health Officer No. 7,

District File Number 1-2-48-1648

Date Filed 1-24-49

AUG 14 1969

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 _____

Eugene R. Consalus

Student Embalmer No. 281

working under my personal supervision.

Signed Eugene R. Consalus
Student Embalmer

Signed J. E. Consalus

Licensed Embalmer No. 1891

P. O. Address Clinton, Mo

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.