

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

1074

BIRTH NO.		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3038</u>		Registrar's No. <u>15</u>	
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 OR TOWN <u>Clinton</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>WHEATLAND RURAL</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WETZEL Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>3 miles north of Wheatland Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Glen</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>TORDON</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>		10. MONTHS <u>4</u>		11. YEARS <u>23</u>		12. IF UNDER 18 Hrs. Min. <u>U.S.A</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. TORDON</u>				13b. MOTHER'S MAIDEN NAME <u>ARBELL BRESHEARS</u>			
14. NAME OF HUSBAND OR WIFE <u>GRACE TORDON</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 Tordon</u>				ADDRESS <u>Wheatland Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Anterior Sclerosis</u> DUE TO (b) <u>1</u> DUE TO (c) <u>450</u> II. OTHER SIGNIFICANT CONDITIONS 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.) <u>-</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>C C U</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>- - - - m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>- - - -</u>			
22. I hereby certify that I attended the deceased from <u>Jan 6</u> , 19 <u>49</u> , to <u>Jan 17</u> , 19 <u>49</u> , that I last saw the deceased alive <u>Jan 17</u> , 19 <u>49</u> , and that death occurred at <u>2:40 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>W. S. D. O.</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>	
DATE REC'D BY LOCAL REG. <u>Jan 17-49</u>		REGISTRAR'S SIGNATURE <u>R.R. Kenney</u>		120		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Hathaway</u> ADDRESS <u>Wheatland Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7,

District File Number 1-2-48-1648

Date Filed 1-24-49

AUG 14 1967

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.