No. 300
10.48

FILED OCT 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Horton

State File No. 29909

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 868

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

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (in this place): 30 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. John Hosp. 10

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Springfield~~
d. STREET ADDRESS (If rural, give location): 413½ W. Walnut

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): E.
c. (Last): Jordan

4. DATE OF DEATH (Month) (Day) (Year): Sept. 30, 1949

5. SEX: Male 10
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 5
8. DATE OF BIRTH: April 17 1914
9. AGE (In years last birthday): 35 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Co-Owner
10b. KIND OF BUSINESS OR INDUSTRY: Crump Auto Works
11. BIRTHPLACE (State or foreign country): Mt. Home, Arkansas 1
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: George S. Jordan
13b. MOTHER'S MAIDEN NAME: Mae E. Barnes
14. NAME OF HUSBAND OR WIFE: X

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War #2
16. SOCIAL SECURITY NO.: 491-03-2676
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Mae E. Joss — ADDRESS: Clovis, Californ

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolus — INTERVAL BETWEEN ONSET AND DEATH: 20 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fracture, compression, severe, body of 1st Lumbar Vertebra — 6 X 2 24
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 52

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Race track
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Springfield, Greene, Mo. 57
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept. 25 1949 4:00 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? automobile he was driving turned over (stock car race)

22. *I hereby certify that I attended the deceased from* Sept 25, 1949, *to* Sept 30, 1949, *that I last saw the deceased alive on* Sept. 30, 1949, *and that death occurred at* 5 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James D. Horton M.D. 11
23b. ADDRESS: Springfield, Mo
23c. DATE SIGNED: 10/1/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/4/49
24c. NAME OF CEMETERY OR CREMATORY: National
24d. LOCATION (City, town, or county) (State): Springfield, Mo.

DATE REC'D BY LOCAL REG.: 10-3-49
REGISTRAR'S SIGNATURE: W E Handley by Virginia Scaff, Dep. Reg. 111
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: H.H. Lohmeyer Springfield, Mo.

(Attested Probation's Statement on Reverse Side)

OCT 28 1949

NOV 1 1949

OCT 25 1949

AUG 29 1968

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.

Signed Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield, Mo.

Signed .....
Student Embalmer

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.