

FILED DEC 29 1949

## STANDARD CERTIFICATE OF DEATH

State File No. 40392

BIRTH NO. _____		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 3008		Registrar's No. 404			
1. PLACE OF DEATH a. COUNTY Callaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Callaway					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton 3		c. LENGTH OF STAY (In this place) Wife		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton		2			
d. FULL NAME OF HOSPITAL OR INSTITUTION On arrival at Callaway Hosp.				d. STREET ADDRESS (If rural, give location) 406 N. W. 8th					
3. NAME OF DECEASED (Type of name) a. (First) Eva		b. (Middle) Mae		c. (Last) Jordan		4. DATE OF DEATH (Month) (Day) (Year) Dec 15-49			
5. SEX 3		6. COLOR OR RACE Female Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1		8. DATE OF BIRTH ? 1899			
9. AGE (In years last birthday) 50		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.					
10a. USUAL OCCUPATION (Occupation during 2 weeks of working life, even if retired) Dish Washer				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Fulton Missouri			
12. CITIZENSHIP OF WHAT COUNTRY U.S.A.				13a. FATHER'S NAME Bud Burton		13b. MOTHER'S MAIDEN NAME R. K. Rique Brown			
14. NAME OF HUSBAND OR WIFE John Jordan				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No					
16. SOCIAL SECURITY NO. 486-12-5636				17. INFORMANT'S SIGNATURE OR NAME Glorice Reece					
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) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) preceded by bad attack Indigestion DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  4201	
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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Fulton Callaway Mo					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE W. R. Garrett, Coroner 3				23b. ADDRESS Fulton Mo		23c. DATE SIGNED 12/17/49			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Dec 18-49		24c. NAME OF CEMETERY OR CREMATORY South Side Cemetery		24d. LOCATION (City, town, or county) (State) Fulton Mo.			
DATE REC'D BY LOCAL REG. Dec-17-1949		REGISTRAR'S SIGNATURE Marelta Lawrence 426		25. FUNERAL DIRECTOR'S SIGNATURE Oli Bell		ADDRESS Fulton, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

14  
1  
2

District File Number-----

District Health Officer No. 9,

RECEIVED DEC 27 1939

**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 Eli Bell

Licensed Embalmer No. 7130

P. O. Address Fulton 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.