

FILED JAN 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43658

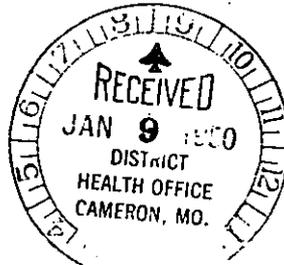
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 135 PRIMARY REG. DIST. NO. 4210 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ridgeway</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ridgeway, Mo</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Ridgeway, Home of Sam Rankin</u>		d. STREET ADDRESS (If rural, give location) <u>North part Ridgeway Mo</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>Jane</u> c. (Last) <u>Jordan</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 7-1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov 1, 1857</u>
9. AGE (In years last birthday) <u>91</u>	<u>9</u> Months	<u>7</u> Days	12. CITIZEN OF WHAT COUNTRY? <u>Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Martinsville Mo</u>
13a. FATHER'S NAME <u>Seldman Gimmiman</u>		13b. MOTHER'S MAIDEN NAME <u>Phoebe Wright</u>	14. NAME OF HUSBAND OR WIFE <u>William Jordan Deceased</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sam Rankin</u> ADDRESS _____
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 Sclerosis</u> ANTECEDENT CAUSES 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. <u>Senility</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>Aug 1948</u> , to <u>Aug 7-</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Aug 6</u> , 19 <u>49</u> , and that death occurred at <u>6:30 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Lester Brewer M.D.</u>		23b. ADDRESS <u>Ridgeway</u>	
23c. DATE SIGNED <u>Aug 8 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 9, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Wesley Chapel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>1 mi. West Washington Center Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug 8 1949</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert R. Boyers</u> ADDRESS <u>Ridgeway Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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



**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.....

*H. W. Bogges*

Student Embalmer No. *328*

working under my personal supervision.

Signed *General W. Bogges*  
Student Embalmer

Signed *Robert R. Bogges*  
Licensed Embalmer No. *13576*

P. O. Address *Ridgeway 9*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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