

FILED FEB 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 106

BIRTH NO. _____ REG. DIST. NO. ¹⁶ 4030 PRIMARY REG. DIST. NO. ⁴⁰³⁰ 46 Registrar's No. ⁴ _____

0060

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give township) Golden City		c. CITY (If outside corporate limits, write RURAL and give township) Golden City	
c. LENGTH OF STAY (in this place) 37 yrs.		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) **MARY** b. (Middle) **FRANCES** c. (Last) **JORDAN**

4. DATE OF DEATH (Month) **Jan.** (Day) **30** (Year) **1950**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **Oct. 11, 1864** 9. AGE (In years last birthday) **85** IF UNDER 1 YEAR Months **5** Days **19** IF UNDER 4 HRS. Hours **19** Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) **Ebenezer, Greene Co. Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **John Wesley Lewis** 13b. MOTHER'S MAIDEN NAME **Nancy Emeline Rhoades** 14. NAME OF HUSBAND OR WIFE **W.I. 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. _____ 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Eva Bedell** ADDRESS **Golden City, Mo.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Chronic Myocarditis**

INTERVAL BETWEEN ONSET AND DEATH **4 weeks**

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.

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

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) _____ m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Dec. 12, 1949**, to **Jan. 30, 1950**, that I last saw the deceased alive on **Jan. 13, 1950**, and that death occurred at **7:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Rudolf Kuepp** (Degree or title) _____ 23b. ADDRESS **Golden City, Mo.** 23c. DATE SIGNED **1/31/50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Feb. 1, 1950** 24c. NAME OF CEMETERY OR CREMATORY **I.O.O.F. Cemetery** 24d. LOCATION (City, town, or county) **Golden City, Mo.** (State) _____

DATE REC'D BY LOCAL REG. **Jan 31 - 1950** REGISTRAR'S SIGNATURE **Harold St. Pugh** 15 25. FUNERAL DIRECTOR'S SIGNATURE **Phillips Funeral Home** ADDRESS **Golden City Mo.**

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

RECEIVED FEB 8 1950
District Health Office No. 6,
District File Number 250-190
Late Filed 2-8-50

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 H. H. Bugh

Licensed Embalmer No. 3278

P. O. Address Golden City, 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.