

FILED JAN 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1765

2644

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (in this place) <u>6 days</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Shelbina</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Grace</u>	b. (Middle) <u>Neal</u>	c. (Last) <u>Jordan</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 11 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 20 1882</u>
9. AGE (in years last birthday) <u>60</u>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Linetype operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Printing</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Barney B. Bledsoe</u>		13b. MOTHER'S MAIDEN NAME <u>Ellan L. Shannon</u>	14. NAME OF HUSBAND OR WIFE <u>C. A. Jordan</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>497-03-7817</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Laura Maddox Decatur, Ill.</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>Angina Pectoris</u> ANTECEDENT CAUSES <u>Chronic pneumonia</u> 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 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)	
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 <u>Jan. 7</u> , 19 <u>50</u> , to <u>Jan. 11</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Jan. 11</u> , 19 <u>50</u> , and that death occurred at <u>12:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>John Keckman</u> (Degree or title)		23b. ADDRESS <u>1001 Bdwy, Hannibal, Missouri</u>	23c. DATE SIGNED <u>1-14-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 12, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Shelbina Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Shelbina, Mo.</u>
DATE REC'D BY LOCAL REG. <u>1-16-50</u>	REGISTRAR'S SIGNATURE <u>W. E. M. Lucke</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. E. Hayes, Shelbina Mo.</u>	

RECEIVED JAN 20 1950  
MASS. HEALTH DEPT.  
DATE FILED JAN 20 1950

MAR 1 1950

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 Paul E. Hayes.....

Licensed Embalmer No. 4461.....

P. O. Address Shelburne, Vt......

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.