

FILED FEB 23 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7310

State File No.

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4496 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Shelby</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Shelbyville</u>	c. LENGTH OF STAY (in this place) <u>64 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Shelbyville</u> <u>1020</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>13</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Jordan</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb-13-1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 21-1883</u>
9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>22</u>	IF UNDER 2 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Hoboken, N. Jersey</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Edward Jordan</u>	13b. MOTHER'S MAIDEN NAME <u>No record</u>	14. NAME OF HUSBAND OR WIFE <u>Jessie Jordan</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Jessie Jordan Shelbyville Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerosis with hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic glomerulonephritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> <u>?</u> <u>3:31 A</u> <u>9</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) (m.)	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>Feb 13, 1950</u> , to <u>Feb 13, 1950</u> , that I last saw the deceased alive on <u>Feb 13, 1950</u> , and that death occurred at <u>2:30 P. M.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>P. C. Archer M.D.</u> (Degree or title)		23b. ADDRESS <u>Shelbyville Mo</u>	23c. DATE SIGNED <u>2-15-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>Feb. 15-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>L. O. C. P. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Shelbyville Mo</u>
DATE REC'D BY LOCAL REG. <u>Feb 17-1950</u>	REGISTRAR'S SIGNATURE <u>Ada Garrison</u> <u>419</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. P. Thompson Shelbyville, Mo</u>	

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

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APR 12 1950

MAR 28 1950

FEB 12 1959

RECEIVED

FEB 20 1950

District Health Officer No.

District File Number 3-57-0

Date Filed FEB 20 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

Myself

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed: *E. P. Thompson*

Licensed Embalmer No. 1632

P. O. Address *Shelbyville, 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.