

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9838

State File No.

FILED APR 4 1950

0804

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

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>112</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. LENGTH OF STAY (In this place) <u>1 yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		<u>0800</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Main St. and Osage Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>Route 2</u>			
3. NAME OF DECEASED a. (First) <u>Melvin</u> (Type or Print)			b. (Middle) <u>Lee</u>		c. (Last) <u>Jordan</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 12, 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Aug. 14, 1928</u>	9. AGE (In years last birthday) <u>21</u>	IF UNDER 1 YEAR <u>6</u> Months	IF UNDER 4 hrs. <u>25</u> Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>*****</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charles M. Jordan</u>			13b. MOTHER'S MAIDEN NAME <u>Gladys Copas</u>		14. NAME OF HUSBAND OR WIFE <u>*****</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes.</u> (If yes, give war or dates of service) <u>Army</u>		16. SOCIAL SECURITY NO. <u>492-26-4514</u>		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Chas. M. Jordan, 3410 Bales Ave. Kansas City, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subarachnoid haemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO <u>Blow on head, accidentally administered</u> DUE TO <u>Admitted</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>E 9:30 a 5</u> <u>4h</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Sedalia Pettis Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>FEB 12 1950 12:30 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Result of blow to head accidentally administered.</u>			
22. I hereby certify that I followed the deceased from <u>Co Corner</u> , <u>10</u> , that I last saw the deceased alive on <u>10</u> , and that death occurred at <u>12:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Chas Jordan Surgeon</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Corner Pettis Co</u>		23c. DATE SIGNED <u>3-22-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/14/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3-22-50</u>		REGISTRAR'S SIGNATURE <u>A. G. Campbell</u>		FEDERAL DIRECTOR'S SIGNATURE <u>W. H. Moore</u>		ADDRESS <u>Sedalia, Mo.</u>	

RECEIVED MAR 27
District Health Officer No. 8,

District File Number
Date Filed 4-3-50

RECEIVED
MAR 27
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 Ralph E. Baker
Licensed Embalmer No. 2419

P. O. Address Sedalia, 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.