No. 300
10.48

FILED DEC 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39680

BIRTH NO. _____ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 6283 Registrar's No. 44

4C

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

1. PLACE OF DEATH
a. COUNTY: Wright
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Elk Creek
c. LENGTH OF STAY (in this place): 69 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 8 Miles North Hartville

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Wright 1140
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Elk Creek
d. STREET ADDRESS (If rural, give location): Rural 8 Miles N Hartville

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle):
c. (Last): Jordan

4. DATE OF DEATH (Month) (Day) (Year): 11 30 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3-10-1881
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months 8, Days 20 — IF UNDER 24 HRS.: Hours, Min.

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

13a. FATHER'S NAME: Jim Jordan
13b. MOTHER'S MAIDEN NAME: Elizabeth Todd
14. NAME OF HUSBAND OR WIFE: Melia Jordan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Melia Jordan Hartville, Mo

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) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cardio Vascular Renal Disease — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* — 442 Y

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* 10-20, 1950, *to* 11-30, 1950, *that I last saw the deceased alive on* 11-29, 1950, *and that death occurred at* 4:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E Worthey DO 2
23b. ADDRESS: Hartville Mo
23c. DATE SIGNED: 12-4-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 11
24b. DATE: 12-2-1950
24c. NAME OF CEMETERY OR CREMATORY: Durbin Cemetery
24d. LOCATION (City, town, or county) (State): North Hartville, Mo

DATE REC'D BY LOCAL REG.: 12-9-50
REGISTRAR'S SIGNATURE: E B Garner 346
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Gene E Holdren Hartville, Mo

(Licensed Embalmer's Statement on Reverse Side)

DEC 12 1950

RECEIVED DEC 11 1950
WRIGHT CO. HEALTH DEPT.

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 Gene E Holdren

Licensed Embalmer No. 3865

P. O. Address Hartville, Mo

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

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