

FILED MAR 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9269

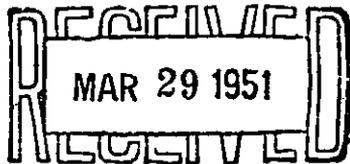
BIRTH NO. 124		REG. DIST. NO. 206		PRIMARY REG. DIST. NO. 5747		Registrar's No. 15	
1. PLACE OF DEATH a. COUNTY MADISON				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE MO b. COUNTY MADISON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL		c. LENGTH OF STAY (in this place) 1-MO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MARIQUAND		0620	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) NAZHAN			b. (Middle) JORDAN			c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) 3-16-1951		5. SEX MO		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W W	
8. DATE OF BIRTH 5-10-1873		9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY LABOR		11. BIRTHPLACE (State or foreign country) MARIQUAND MO		12. CITIZEN OF WHAT COUNTRY? USIF	
13a. FATHER'S NAME Remy Jordan			13b. MOTHER'S MAIDEN NAME CANY SAY			14. NAME OF HUSBAND OR WIFE	
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 ADDRESS LULA W. PEHURCH LUSKVILLE 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Uremia					INTERVAL BETWEEN ONSET AND DEATH 10 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Prostatic hypertrophy			years		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			610X		
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 February 19 51, to March 16, 1951, that I last saw the deceased alive on March 14, 1951, and that death occurred at 11:40 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Evelle L. Price, D.O.				23b. ADDRESS Lutonville, Missouri		23c. DATE SIGNED 3/17/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/18/51		24c. NAME OF CEMETERY OR CREMATORY WILSON GAR COMPANY		24d. LOCATION (City, town, or county) (State) MARIQUAND MO	
DATE REC'D BY LOCAL REG. 3-20-51		REGISTRAR'S SIGNATURE Arona Hickey		25. FUNERAL DIRECTOR'S SIGNATURE Edman Magwood		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48620
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MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE No. 351-12

MAR 30 1951

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.

Signed.....
Student Embalmer

Signed Stephen Adams

Licensed Embalmer No. 4351

P. O. Address Fredericktown, 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.