

FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11487

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <b>Barton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lamar</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Route 1</b>	
c. LENGTH OF STAY (In this place) <b>7 hours</b>		d. STREET ADDRESS (If rural, give location) <b>North River Road</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Barton Co. Memorial Hosp.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Martin</b>	b. (Middle) <b>Marvin</b>	c. (Last) <b>Jordan</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 3, 1951</b>
-------------------------------------	--------------------------	---------------------------	-------------------------	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 16, 1900</b>	9. AGE (In years last birthday) <b>50</b>	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 MIN. Hours	13. UNDER 1 MIN. Min.
--------------------	-------------------------------	---	---------------------------------------	---	-------------------------	-----------------------	------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>Soldier</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>U. S. Army</b>	11. BIRTHPLACE (State or foreign country) <b>Row, Oklahoma</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
--	---	--	--

13a. FATHER'S NAME <b>C. J. Jordan</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Edna M. Jordan</b>
--	--	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW I &amp; WW II</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. M. M. Jordan, Independence, Mo</b>	ADDRESS
---	-------------------------	--	---------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fractured Skull with Concussion and Hemorrhage</b>		<b>24</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Car wreck</b>		
DUE TO (c) <b>Circulatory Collapse</b>		<b>32</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Hi-Way 71.1 1/2 S. of Sheldon, Union Twpn. Barton, Missouri</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	---	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>May 3, 1951 5 p.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Car wreck (Car turned over)</b>
---	---	---

22. I hereby certify that I attended the deceased from **5:30 p.m.**, 19**51**, to **5-3**, 19**51**, that I last saw the deceased alive on **5-3**, 19**51**, and that death occurred at **10:45 p.m.**, from the causes and on the date stated above.

22a. SIGNATURE <b>H. M. Arnold M.D.</b> (Degree or title)	22b. ADDRESS <b>Lamar, Mo.</b>	22c. DATE SIGNED <b>5-4-51</b>
---	--------------------------------	--------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial - Removal</b>	23b. DATE <b>5/4/51</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Independence, Mo</b>	23d. LOCATION (City, town, or county) (State)
---	-------------------------	--	---

DATE REC'D BY LOCAL REG. <b>MAY 4 - 1951</b>	REGISTRAR'S SIGNATURE <b>Marie Konantz</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Geo Carson</b> ADDRESS <b>Independence Mo</b>
--	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

061

*As Amended*

1967 JUN 2 1951

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED MAY 7 1951

Dist. File 531-9118

Date Filed 5-9-51

MAY 14 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.

Student .....  
Student Embalmer

Signed Clarence H. Chiles

Licensed Embalmer No. 3473

P. O. Address Lamar 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.