

FILED JUN 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17124

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 24

570
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>KNOX</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>LEWIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EDINA</u>	c. LENGTH OF STAY (in this place) <u>2 wk.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LABELLE</u> <u>0566</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gibson Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>DANIEL</u>	b. (Middle) <u>LUTHER</u>	c. (Last) <u>JOURDAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 28 1961</u>
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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>JAN. 5, 1907</u>	9. AGE (In years last birthday) <u>44</u>	10. UNDER 1 YEAR <u>4</u>	11. UNDER 2 HRS. <u>23</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TRUCK OWNER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Egg + Poultry</u>	11. BIRTHPLACE (State or foreign country) <u>LABELLE MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>GEORGE JOURDAN</u>	13b. MOTHER'S MAIDEN NAME <u>ANNA L. ZIMMERMANN</u>	14. NAME OF HUSBAND OR WIFE <u>RUBY I. JOURDAN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>44-45</u>	16. SOCIAL SECURITY NO. <u>492-07-0400</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ruby I. Jourdan</u>	ADDRESS <u>LABELLE MO</u>
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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 <u>5 Weeks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Duodenum & Pancreas</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>May 22 1961</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Duodenum & Pancreas</u> <u>152 x</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from April 8, 1951, to May 28, 1961, that I last saw the deceased alive on May 27, 1961, and that death occurred at 3:40 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harry S. M. Bracken, M.D.</u>	23b. ADDRESS <u>La Belle MO</u>	23c. DATE SIGNED <u>May 30 1961</u>
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24a. BURIAL (CREMATION REMOVAL) (Specify) <u>BURIAL</u>	24b. DATE <u>5/31/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LABELLE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>LABELLE MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>June 1-1961</u>	REGISTRAR'S SIGNATURE <u>Will S. Nunzio</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Cloder Jr.</u>	ADDRESS <u>La Belle, Mo.</u>
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JUN 25 1951

JUN 2 1951

Date Received: JUN 1 1951
DISTRICT HEALTH OFFICE #2
District File Number 6-51-1032
Date Filed: JUN 4 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 M. P. [Signature]

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed [Signature]
Licensed Embalmer No. 4328

P. O. Address Libelle, 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.