

FILED MAY 31 1951

STANDARD CERTIFICATE OF DEATH

State File No. 19157

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 614L Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <b>Shelby</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Shelby</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural - Jackson Twp</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural - Jackson Twp.</b>	
c. LENGTH OF STAY (In this place) <b>59 Yrs.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>North - East, Shelbina</b>		d. STREET ADDRESS (If rural, give location) <b>North-East of Shelbina</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Arthur</b> b. (Middle) <b>Ellsworth</b> c. (Last) <b>Jordan</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 15, 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. 26, 1863</b>	9. AGE (In years) (Month) (Day) (Year) <b>87</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 Hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b>		11. BIRTHPLACE (State or foreign country) <b>Greencastle, Indiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Phillip Warden Jordan</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Parker Coffman</b>		14. NAME OF HUSBAND OR WIFE <b>Inah Jordan</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NO</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. Guy Jordan - RFD Shelbina, Mo.</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>May 14-15</b> <b>May 13-15</b> <b>May 12-15</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coccardiac heart failure</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive haemorrhage</b> DUE TO (c) <b>Cerebral Thrombosis</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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>332X</b>	
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 **May 12, 1951**, to **May 15, 1951**, that I last saw the deceased alive on **May 14, 1951**, and that death occurred at **9:15 p.m.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Gladya Bauer</b>		23b. ADDRESS <b>Shelbina Mo</b>		23c. DATE SIGNED <b>May 17, 1951</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5-18-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Shelbina Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Shelbina, Missouri</b>	

DATE REC'D BY LOCAL REG. <b>May 24-51</b>		REGISTRAR'S SIGNATURE <b>A. D. Garrison</b>		419 525. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>E. Baynes Shelbina, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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Date Received: MAY 28 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 5-5-1-1010  
Date Filed: MAY 29 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 Paul E. Hayes

Licensed Embalmer No. 4461

P. O. Address Shelburne, Ma.

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.