

SEP 19 1951

# STANDARD CERTIFICATE OF DEATH

State File No. **26399**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **61** PRIMARY REG. DIST. NO. **5236** Registrar's No. **48**

**1. PLACE OF DEATH**  
 a. COUNTY **Cedar Co. 0200**  
 b. CITY OR TOWN **Rural - Box 200**  
 c. LENGTH OF STAY (in this place) \_\_\_\_\_  
 d. FULL NAME OF HOSPITAL OR INSTITUTION **Home**

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).  
 a. STATE **mo.**  
 b. COUNTY **Cedar**  
 c. CITY OR TOWN **Rural - Box 200**  
 d. STREET ADDRESS **Rt 2. 0200**

**3. NAME OF DECEASED**  
 a. (First) **CLAUDE**  
 b. (Middle) **A**  
 c. (Last) **JORDAN**

**4. DATE OF DEATH** (Month) (Day) (Year)  
**8 - 22 - 1951**

**5. SEX** **male**  
**6. COLOR OR RACE** **white**  
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) **married**

**8. DATE OF BIRTH** **Oct. 19, 1872**  
**9. AGE** (In years last birthday) **78**  
 IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_  
 IF UNDER 10 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)  
**Bloomington Ind. I. I.**

**12. CITIZEN OF WHAT COUNTRY?**  
**U.S.A.**

**13a. FATHER'S NAME**  
**Thomas G. Jordan**

**13b. MOTHER'S MAIDEN NAME**  
**Mary E. Parolat**

**14. NAME OF HUSBAND OR WIFE**  
**Anne Jordan**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) \_\_\_\_\_  
 (If yes, give war or dates of service) \_\_\_\_\_

**16. SOCIAL SECURITY NO.**

**17. INFORMANT'S SIGNATURE OR NAME** **Mrs. Anne Jordan**  
**ADDRESS** **Eldorado Springs**

**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) **Carcinoma of Lung**  
**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.

**INTERVIEW BETWEEN DEATH AND DEATH**  
**156 A**

**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) \_\_\_\_\_

**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** **8-10**, 19**51**, to **8-22**, 19**51**, that I last saw the deceased alive on **8-22**, 19**51**, and that death occurred at **4:12** m., from the causes and on the date stated above.

**23a. SIGNATURE** (Degree or title) **G. Bannister M.D.**

**23b. ADDRESS** **Peuco Spring Mo.**

**23c. DATE SIGNED** **8-22-51**

**24a. BURIAL, CREMATION, REMOVAL** (Specify) **Burial**

**24b. DATE** **8-23-51**

**24c. NAME OF CEMETERY OR CREMATORY** **Clintonsville**

**24d. LOCATION** (City, town, or county) (State) **Eldorado Springs mo.**

**DATE REC'D BY LOCAL REG.** **Aug. 29, 1951**

**REGISTRAR'S SIGNATURE** **Henry W. Jones**  
**25. FUNERAL DIRECTOR'S SIGNATURE** **Edward E. Crother**  
**ADDRESS** **Eldorado Springs**

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

DEPARTMENT OF HEALTH OF MO.  
Dial No. 5 - Springfield

RECEIVED SEP. 4 1951

Dist. File 951-1600

Date Filed 9-6-51

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Floyd C. Caruthus*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4419

P. O. Address *E. Dorado Spring*

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.