

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9529
 Registrar's No. _____

FILED APR 3 1952 10 BIRTH NO. _____		REG. DIST. NO. <u>299</u>		PRIMARY REG. DIST. NO. <u>6028</u>	
1. PLACE OF DEATH a. COUNTY <u>Reynolds Carroll</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Reynolds</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>1 mi. N. E. Centerville</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Carroll</u>		1908
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>			d. STREET ADDRESS (If rural, give location) <u>1 mi. N. E. of Centerville</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wilma</u> b. (Middle) <u>Lee</u> c. (Last) <u>Jordan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 15 1952</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>March 29, 1951</u>	9. AGE (In years last birthday)	10. UNDER 1 YEAR Months <u>11</u> Days <u>16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>_____</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>_____</u>	11. BIRTHPLACE (State or foreign country) <u>Greeley MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>_____</u>
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME <u>Anna Paul Jordan</u>		14. NAME OF HUSBAND OR WIFE <u>_____</u>	
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 <u>Anna Paul Jordan</u> ADDRESS <u>Bunker MO</u>		
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</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. <u>_____</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Reckless</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>was unattended</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>March, 1952</u> , and that death occurred at <u>10:15 a. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>E. M. Fitzpatrick</u> (Degree or title) <u>MO</u>		23b. ADDRESS <u>Centerville MO</u>		23c. DATE SIGNED <u>3/15/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/17/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greeley</u>	24d. LOCATION (City, town, or county) (State) <u>near Greeley MO</u>		
DATE REC'D BY LOCAL REG. <u>3/15/52</u>	REGISTRAR'S SIGNATURE <u>E. M. Fitzpatrick</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>None</u> ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Signed.....

Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.