

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 9 1952

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 546

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Oklahoma b. COUNTY Delaware	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jay Oklahoma	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) Jay Oklahoma	
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) MADISON b. (Middle) JORDAN c. (Last) JORDAN			4. DATE OF DEATH June 3, 1952		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Sept. 8, 1874			9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) County Supt. Of Schools
10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) Vinita Oklahoma		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jeff Jordan		13b. MOTHER'S MAIDEN NAME Delia Bell		14. NAME OF HUSBAND OR WIFE Myrtle D. Jordan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Myrtle D. Jordan Jay, Okla.	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pulmonary edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (b) Bronchogenic Right auricular hum DUE TO (c) Infarcted right kidney			INTERVAL BETWEEN ONSET AND DEATH 6 hrs ?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Infarcted right kidney					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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)		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 5-29-, 1952, to 6-3, 1952, that I last saw the deceased alive on 6-3-52, 1952, and that death occurred at 8:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE St. Basil MD (Degree or title)		23b. ADDRESS Springfield Mo		23c. DATE SIGNED 6-3-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-3-1952		24c. NAME OF CEMETERY OR CREMATORY Ralston Cemetery	
24d. LOCATION (City, town, or county) (State) Delaware Co. Oklahoma		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.W. Klingner & Co. Springfield Mo			
DATE REC'D BY LOCAL REG. 6-3-52		REGISTRAR'S SIGNATURE Erith Williamson Registrar			

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 18 1957

FEB 26 1953

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

Ogden J. C.

Licensed Embalmer No. 4176

P. O. Address Springfield

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.