

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

LED APR 7 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **150** PRIMARY REG. DIST. NO. **5572** Registrar's No. **846**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Prairie</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Benton Rural 0580</b>	
c. LENGTH OF STAY (In this place) <b>18 days</b>		d. STREET ADDRESS (If rural, give location) <b>/</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Jackson County Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Pearl</b>		b. (Middle) <b>(None)</b>		c. (Last) <b>Jordan</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 26, 1953</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Sept. 1, 1883</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Min. <b>69</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>Benton County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Alex Jordan</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Hart</b>		14. NAME OF HUSBAND OR WIFE <b>Unknown</b>	
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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) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Records of Jackson County Hospital</b>		ADDRESS <b>Indep</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Obstructive jaundice (cause undetermined)</b>				INTERVAL BETWEEN ONSET AND DEATH <b>5 weeks</b>	
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. <b>incl nutrition, starvation, emphysema, 585X</b>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)			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 **3-9-53** 19, to **3-26-53**, 19, that I last saw the deceased alive on **3-25-53**, 19, and that death occurred at **12:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>John C. Blumenschein M.D.</b>		23b. ADDRESS <b>Independence Mo</b>		23c. DATE SIGNED <b>26 Mar 53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3/29/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Hasten Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Hasten Mo</b>	
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DATE REC'D BY LOCAL REG. <b>3-30-53</b>		REGISTRAR'S SIGNATURE <b>N. B. Langford</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Preser Tom Home</b>		ADDRESS <b>Warsaw Mo</b>	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

Licensed Embalmer No. *4832*

P. O. Address *Lee Summit*

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.