

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

393

State File No. 3207

No. 300
10-2
01228

FILED JAN 22 1954

BIRTH NO. _____ REG. DIST. NO. 307 PRIMARY REG. DIST. NO. 4450 Registrar's No. 419

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ripley	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Doniphan	
d. FULL NAME OF HOSPITAL OR INSTITUTION VA Hospital		d. STREET ADDRESS (If rural, give location) 903 Walnut	

3. NAME OF DECEASED (Type or Print)	a. (First) FRANK	b. (Middle) E.	c. (Last) JORDAN	4. DATE OF DEATH (Month) (Day) (Year) Jan. 16, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH March 28, 1892	9. AGE (In years last birthday) 61-9-18	IF UNDER 1 YEAR Months 9	IF UNDER 1 DAY Days 18	IF UNDER 24 HRS. Hours 18	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Funeral Director	10b. KIND OF BUSINESS OR INDUSTRY Undertaking	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Frank J. Jordan	13b. MOTHER'S MAIDEN NAME Wilhelmina Stock	14. NAME OF HUSBAND OR WIFE Emma Jordan
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, state year or dates of service) Yes	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME VA Hospital Records	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES DUE TO (b) Emphysema Pulmonary <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) Tuberculosis, old, arrested		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

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)	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 Jan 16, 1954, to Jan 16, 1954, ~~and that death occurred at 10:20 P.M., from the causes and on the date stated above.~~ and that death occurred at 10:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) T. S. USSERY, M.D., Officer of Day	23b. ADDRESS VA Hospital, Poplar Bluff, Mo.	23c. DATE SIGNED 1-16-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 20, 1954	24c. NAME OF CEMETERY OR CREMATORY Doniphan Cemetery	24d. LOCATION (City, town, or county) (State) Doniphan, Missouri
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DATE REC'D BY LOCAL REG. 1-20-54	EMERALD'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Ray Means	ADDRESS Doniphan, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 21 1957

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 Ray Means

Licensed Embalmer No. 3743

P. O. Address Danipham, M.

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.