

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

**23942**

State File No. ....

**FILED AUG 2 - 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 5923 Registrar's No. 288

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Pettis</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Sedalia AFB</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 1/2 Miles N. Sedalia Hiway</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>65 USAF Base Sedalia</u>		0 800 0	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>GROVER</u> b. (Middle) <u>CLEVELAND</u> c. (Last) <u>JORDAN Jr</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>July 24, 1954</u>		
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Single</u>	<b>8. DATE OF BIRTH</b> <u>12 Dec. 1933</u>	<b>9. AGE</b> (In years last birthday) <u>20</u>	<b>IF UNDER 1 YEAR</b> Months <u>  </u> Days <u>  </u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Service Man</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>USAF</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Pritchett, Colorado</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>

<b>13a. FATHER'S NAME</b> <u>Grover Cleveland Jordan Sr.</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>None</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 22 Aug 1952</u>	<b>16. SOCIAL SECURITY NO.</b> <u>523-42-3663</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>USAF BASE Records, Sedalia, Mo</u>	
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Rupture of Liver</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Trauma from auto accident</u>  DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>Accident</u>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hiway #65 - 2 1/2 miles N. of Sedalia Pettis Mo</u>	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>Pettis Mo</u>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>  </u> <u>  </u> <u>  </u> <u>  </u>	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased, as Deputy Coroner of Pettis County, Mo. at 7:30 PM on 7-24-54, and that death occurred at 11:00 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>J.M. Rodeman MD - Deputy Coroner</u>	<b>23b. ADDRESS</b> <u>Sedalia Mo</u>	<b>23c. DATE SIGNED</b> <u>7-24-54</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u>	<b>24b. DATE</b> <u>July 26, 1954</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Springfield Cem.</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Springfield, Colorado</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>7-26-54</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Lavinia Coontz</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>W. Hebert</u>	<b>ADDRESS</b> <u>Sedalia, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10. 48  
800  
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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.....  
Signature of Student Embalmer

Signed..... *W. Weckert*

Licensed Embalmer No. 347

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.