

FILED OCT 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30656
Registrar's No. 4347

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) 1402 DRURY 2228	
d. FULL NAME OF HOSPITAL OR INSTITUTION OSTEOPATHIC HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) CLARA b. (Middle) P c. (Last) JORDAN			4. DATE OF DEATH (Month) (Day) (Year) SEPT 3 1954		
5. SEX FE	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	8. DATE OF BIRTH OCT 18, 1898	9. AGE (In years last birthday) Months Days 55	10. CITIZEN OF WHAT COUNTRY? U.S.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) LEXINGTON, MISSOURI	

13a. FATHER'S NAME RICHARD YATES		13b. MOTHER'S MAIDEN NAME NOT KNOWN		14. NAME OF HUSBAND OR WIFE JOHN 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. YES, UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Jordan, 1402 Drury	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) METASTATIC CARCINOMA		INTERVAL BETWEEN ONSET AND DEATH 90 DAYS	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) MASSIVE HEMORRHAGE		5 DAYS	
		DUE TO (c) EROSION INTO DEEP VESELS OF NECK		5 DAYS	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		CARDIAC ARREST (Primary unk.)			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION METASTATIC CARCINOMA TO CERVICAL 1988				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **6-1-54** to **9-3-54**, 19____, that I last saw the deceased alive on **9-3-54**, 19____, and that death occurred at **2:20 P.** m., from the causes and on the date stated above.

23a. SIGNATURE D. O. Steinberger (Degree or title)		23b. ADDRESS Spring City, Mo.		23c. DATE SIGNED 9-4-54	
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24a. BURIAL, CREMATION (REMOVAL) (Specify) BURIAL		24b. DATE 9-6-54		24c. NAME OF CEMETERY OR CREMATORY LEXINGTON CEMETERY		24d. LOCATION (City, town, or county) (State) LEXINGTON MISSOURI	
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DATE REC'D BY LOCAL REG. 9-11-54		REGISTRAR'S SIGNATURE neva minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS RICHARD FUNERAL HOME EXCELSIOR	
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(Licensed Embalmer's Statement on Reverse Side)

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

SPRING
MO.

no 905-D

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

Linnell Jarman

Signed.....
Student Embalmer

Licensed Embalmer No. *4589*

P. O. Address *Excelsior Springs*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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