

FILED FEB 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43390**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 15

940  
2

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

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Carter</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rollingstone</u>		c. LENGTH OF STAY (in this place) <u>10 mos.</u>	c. CITY OR TOWN <u>Chilton, Mo</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp # 4</u>		e. STREET ADDRESS (If rural, give location) <u>RR. VAN BUREN, MO 0180</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lincoln</u> b. (Middle) <u>Emil</u> c. (Last) <u>JORDAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 20-1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>Oct 17, 1878</u>		9. AGE (In years last birthday) <u>76</u>		10. IF UNDER 1 YEAR Months <u>2</u> Days <u>3</u> IF UNDER 2 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Carter, Co. Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>George Jordan</u>		13b. MOTHER'S MAIDEN NAME <u>Martha McMillion</u>		14. NAME OF HUSBAND OR WIFE <u>Ellen Jordan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Howard Jordan, Van Buren Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mesentery thrombosis</u>		-----				<u>5 das.</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b) <u>Arteriosclerotic Heart Disease and Auricular Fibrillation</u>		-----	
		DUE TO (c) <u>Psychosis with cerebral arteriosclerosis.</u>		-----		<u>Unknown.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4-2-54</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>SUICIDE</u>		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) (Min.)		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 June 2, 1954 to Dec. 20, 1954, that I last saw the deceased alive on Dec. 20, 1954, and that death occurred at 9:25p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Shel Brennan MD</u>		23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>		23c. DATE SIGNED <u>12-20-54</u>	
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24a. BURIAL, CREMATION, OR DISPOSITION (Specify) <u>BURIAL</u>		24b. DATE <u>12/21/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Macedonia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pipley County Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Dec. 20, 1954</u>		REGISTRAR'S SIGNATURE <u>Ethel Redloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McSpadden Van Buren, Mo</u>	
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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..... *Allen C McGreen*

Licensed Embalmer No. *4543*

P. O. Address *Van Buren*

- 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.