

43721

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 18 1955

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11348**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Reynolds		
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis, Mo.		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Ellington,		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital.			f. STREET ADDRESS (If rural, give location) 0900		
3. NAME OF DECEASED (Type or Print) a. (First) Emma		b. (Middle) Eugene	c. (Last) Jordan	4. DATE OF DEATH (Month) (Day) (Year) Dec. 11, 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 20, 1892	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home.	11. BIRTHPLACE (City and State or Foreign Country) Arcadia, Missouri.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.	13a. FATHER'S NAME Jerry B. Russell		13b. MOTHER'S MAIDEN NAME Jennie McHenry	14. NAME OF HUSBAND OR WIFE Ray C. Jordan	
15. WAS DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD? (Yes, no, or unknown) (If yes, give war or dates of service) No. Nil.		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ray C. Jordan, Ellington, Missouri.		
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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma retroperitoneal glands + supraclav. on left.				INTERVAL BETWEEN ONSET AND DEATH 2 yrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Adeno carcinoma lt. breast				operated 11/19/50
DUE TO (c)	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None				
19a. DATE OF OPERATION 1950	19b. MAJOR FINDINGS OF OPERATION Radical Mastectomy for Adeno Carcinoma.				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE No	(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? 170X			
22. I hereby certify that I attended the deceased from March 1948 to 12-11 , 1954, that I last saw the deceased alive on Dec 11, 1954 , and that death occurred at 7:30AM , from the causes and on the date stated above.					
23a. SIGNATURE John J. Hammond M.D.			(Degree or title)	23b. ADDRESS 634 N. Grand	23c. DATE SIGNED 12/11/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12-11-54	24c. NAME OF CEMETERY OR CREMATORY Ellington Cemetery	24d. LOCATION (City, town, or county) (State) Ellington, Missouri.		
DATE REC'D BY LOCAL REG. DEC 13 1954	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington.			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

MS JUN 23 1959

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.....

Licensed Embalmer No. 365

P. O. Address St. Louis

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.