

FILED MAR 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10721

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 4503 Registrar's No. 34

1. PLACE OF DEATH
a. COUNTY Stoddard.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Stoddard

b. CITY (If outside corporate limits, write RURAL and give township) Bernie c. LENGTH OF STAY (In days) 70 Yrs.

c. CITY OR TOWN Bernie d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home, Bernie Missouri

f. STREET ADDRESS (If rural, give location) Route 1
1030

3. NAME OF DECEASED
a. (First) GEORGE b. (Middle) LONZO c. (Last) JORDAN 4. DATE OF DEATH (Month) (Day) (Year) Mar. 19 1955

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Jan. 23 1877 9. AGE (In years last birthday) 78 IF UNDER 1 YEAR 1 MONTHS 25 DAYS IF UNDER 1 HRS. 1 MIN.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) Bell City Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Jordan 13b. MOTHER'S MAIDEN NAME Unknown Hurst 14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Pearl Charles Bernie Missouri ADDRESS _____

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Disease of the Mitral Valve INTERVAL BETWEEN ONSET AND DEATH unknown

*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
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____
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 _____ 20. AUTOPSY? YES NO

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) 410 X (COUNTY) _____ (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Feb. 28, 1950, to Mar. 16, 1955; that I last saw the deceased alive on Mar. 16, 1955, and that death occurred at 11:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE P. O. Colley D.O. (Degree or title) 23b. ADDRESS Bernie, Mo. 23c. DATE SIGNED 3-24-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Mar. 21 1955 24c. NAME OF CEMETERY OR CREMATORY Bernie Cemetery 24d. LOCATION (City, town, or county) (State) Bernie Missouri

DATE REC'D BY LOCAL REG. 3-26-55 REGISTRAR'S SIGNATURE Valera D. Jenkins 4047 FUNERAL DIRECTOR'S SIGNATURE Landess Funeral Home ADDRESS Campbell, Mo.

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

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 *Christina M. Landon*

Licensed Embalmer No. *422*

P. O. Address *Campbell,*

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.