

FILED APR 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13522

318

1003

3046

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>MS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>ALABAMA</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS MO.</u>		c. CITY OR TOWN <u>Tuscaloosa</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Pacific Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED a. (First) <u>ANDREW</u> b. (Middle) <u>JACKSON</u> c. (Last) <u>JORDAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-4-55</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>December 17, 1895</u>	9. AGE (In years last birthday) <u>59</u> if UNDER 1 YEAR: Months _____ Days _____ if UNDER 4 HRS.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.) <u>Engine Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>G.M. & O.R.R.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lamar Co., Alabama</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Bessie Tillery Jordan</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY # <u>718-02-6541</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bessie Jordan</u>
		ADDRESS <u>2102 26th Ave. Tuscaloosa, Alabama</u>

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Lymphatic Leukemia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>? Pulmonary infiltration leukemia</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	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>2040</u>
22. I hereby certify that I attended the deceased from <u>Dec 5, 1954</u> , to <u>April 4, 1955</u> , that I last saw the deceased alive on <u>April 4, 1955</u> , and that death occurred at <u>10:20 p.m.</u> , from the causes and on the date stated above.		

23a. SIGNATURE (Date of signature) <u>Charles A. Smith, M.D.</u>	23b. ADDRESS <u>1755 S. Grand</u>	23c. DATE SIGNED <u>4-5-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>4-5-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NorthPort Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>Tuscaloosa, Alabama</u>

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>APR 6 1955</u> <u>Charles A. Smith, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ambruster Mortuary</u>	ADDRESS <u>6633 Clayton Rd.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 25 1956

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 *Frederic J. Farmer*
Licensed Embalmer No. *4788*

P. O. Address *St Louis Mo*

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.