

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35976**

BIRTH NO. **FILED NOV 28 1955** REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **5118** Registrar's No. **315**

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Columbia	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Route 3 - Missouri Tp.		e. STREET ADDRESS (If rural, give location) Route 3 - Missouri Tp.	

3. NAME OF DECEASED (Type or Print) a. (First) MADISON b. (Middle) JORDAN c. (Last) JORDAN		4. DATE OF DEATH (Month) (Day) (Year) Nov. 20, 1955	
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 6, 1864	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months Days 	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Mail Carrier	10b. KIND OF BUSINESS OR INDUSTRY Mail Carrier	11. BIRTHPLACE (City and State or Foreign Country) Lawrence County, Kentucky	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Jordan	13b. MOTHER'S MAIDEN NAME Elizabeth Moore	14. NAME OF HUSBAND OR WIFE Mittie McNeill Jordan
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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. None	17. INFORMANT'S SIGNATURE OR NAME John M. Jordan ADDRESS Route 3, Columbia, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Insufficiency & terminal acute pulmonary edema ANTECEDENT CAUSES terminal acute pulmonary edema Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) edema DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4222		INTERVAL BETWEEN ONSET AND DEATH 15 yrs 1 1/2 hr.
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **11-19-55**, 19**55**, to **11-20-55**, 19**55**, that I last saw the deceased alive on **11-19-55**, 19**55**, and that death occurred at **10:30A m.**, from the causes and on the date stated above.

23a. SIGNATURE James A. Atkins, M.D. (Degree or title)	23b. ADDRESS 510a Cherry Columbia, Mo	23c. DATE SIGNED 11-21-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-23-1955	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) Columbia, Missouri
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DATE REC'D BY LOCAL REG. Nov. 22, 1955	REGISTRAR'S SIGNATURE Mrs R E Palmer	31-	25. FUNERAL DIRECTOR'S SIGNATURE Parker Funeral Service, Columbia, Mo. ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 16 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.....
J. Phillips

Licensed Embalmer No. *4899*

P. O. Address *Columbia*

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.