

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5142

1. PLACE OF DEATH  
a. COUNTY Butler  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural Neely Twp  
c. LENGTH OF STAY (in this place) 50 yrs  
d. FULL NAME OF HOSPITAL OR INSTITUTION Neelyville RFD

2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).  
a. STATE Mo. b. COUNTY Butler  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural Neelyville  
d. STREET ADDRESS (If rural, give location) Neelyville RFD *0126*

3. NAME OF DECEASED (Type or Print)  
a. (First) William b. (Middle) Nelson c. (Last) Jourdan  
4. DATE OF DEATH (Month) (Day) (Year) Mar. 31, 1956

5. SEX Male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH Mar. 2, 1888 9. AGE (In years last birthday) 68 IF UNDER 1 YEAR Months 0 Days 0 IF UNDER 24 HRS. Hours 0 Min. 0

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

13a. FATHER'S NAME Clay Jourdan 13b. MOTHER'S MAIDEN NAME Isabell Trigg 14. NAME OF HUSBAND OR WIFE Lavonia Fuller

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 Jesse Jourdan ADDRESS Poplar Bluff, Mo.

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  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Atherosclerosis  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Cardiac Failure  
DUE TO (c) Coronary Thrombosis  
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) (COUNTY) (STATE) 4201

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 Aug. 1955, to Mar 31, 1956, that I last saw the deceased alive on Mar 9, 1956, and that death occurred at 11 P.m., from the causes and on the date stated above.

23a. SIGNATURE W.D. Markel M.D. (Degree or title) 23b. ADDRESS Poplar Bluff, Mo. 4-7-56 23c. DATE SIGNED \_\_\_\_\_

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE April 4/56 24c. NAME OF CEMETERY OR CREMATORY Memorial Gardens 24d. LOCATION (City, town, or county) (State) Butler Co. Mo.

DATE REC'D BY LOCAL REG. 4/12/56 REGISTRAR'S SIGNATURE R.D. Mueller 25. FUNERAL DIRECTOR'S SIGNATURE McCord-Gish ADDRESS Naylor, Mo.

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

439

RECEIVED  
APR 16 1956

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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STATEMENT BY LICENSED EMBALMER

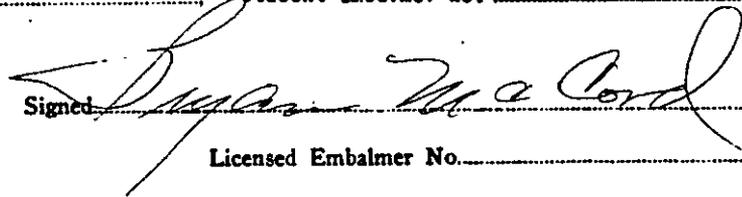
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed



Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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 this body is not embalmed, fact should be so stated above.