

FILED MAY 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13331**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1685**

1. PLACE OF DEATH
a. COUNTY **Jackson**

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

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**

c. LENGTH OF STAY (In this place) **1 month**

c. CITY OR TOWN **Richmond**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Grosse Nursing Home**

N. STREET ADDRESS (If rural, give location) **1 Wollard Blvd.**

3. NAME OF DECEASED (Type or Print)
a. (First) **CLARA** b. (Middle) **---** c. (Last) **JORDAN**

4. DATE OF DEATH (Month) (Day) (Year) **April 18, 1956**

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **WIDOWED**

8. DATE OF BIRTH **July 24, 1851**

9. AGE (In years last birthday) - Months Days Hours Min. **104**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**

10b. KIND OF BUSINESS OR INDUSTRY **Household duties**

11. BIRTHPLACE (City and State or Foreign Country) **St. Joseph, Mo.**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Benjamin Harding**

13b. MOTHER'S MAIDEN NAME **Emily Williams**

14. NAME OF HUSBAND OR WIFE **William Amos Jordan**

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 ADDRESS **Mrs. F. G. Weary, sr., Richmond, 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, assthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Thrombosis, arterial, both legs**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Probably generalized arteriosclerosis**
DUE TO (c) **Arteriosclerotic heart disease**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
16 hours
2 years

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

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 **3-15, 1956**, to **4-18, 1956**, that I last saw the deceased alive on **4-17, 1956**, and that death occurred at **3:00 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE **T. Reid Jones** (Degree or title) **MD**

23b. ADDRESS **1107 Bryant Bldg**

23c. DATE SIGNED **4.18.56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **April 20, 1956**

24c. NAME OF CEMETERY OR CREMATORY **Ashland Cemetery**

24d. LOCATION (City, town, or county) (State) **St. Joseph, Mo.**

DATE REC'D BY LOCAL REG. **4-18-56** REGISTRAR'S SIGNATURE **Neva Marshall**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Thurman Funeral Home Richmond, Mo.**

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

2-10-84
B 180

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..... *Wm. L. Thurman*.....

Licensed Embalmer No..... 456

P. O. Address..... Richmond,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.