THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2498
STATE FILE NUMBER

FILED JAN 29 1957 Registration District No. 316 Primary Registration District No. 6074 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Leadwood — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Leadwood — Length of stay in 1b 36 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Francois
c. CITY OR TOWN Leadwood — Inside Limits Yes X No ☐
d. STREET ADDRESS Leadwood (If outside, give location) — Reside on Farm Yes ☐ No X

0940

3. NAME OF DECEASED (Type or print): First Thomas — Middle -- — Last Jordan
4. DATE OF DEATH Month - Day Year: January 17, 1957
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: April 10, 1878
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 9, Days 7 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner
10b. KIND OF BUSINESS OR INDUSTRY: Leadmining
11. BIRTHPLACE (City and state or country): Irondale, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Euin Jordan
14. MOTHER'S MAIDEN NAME: Unknown
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.: 493-03-9750
17. INFORMANT: Dora Jordan — Address: Leadwood, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CEREBRAL HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: 1 DAY
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) HYPERTENSIVE CARDIOVASCULAR-RENAL DISEASE — NOT KNOWN
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 442x
19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from DEC 27 1956 to JAN. 17 1957 and last saw her/him alive on Jan 14 57
Death occurred at 11:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE John W Hunter (Degree or title) MD.
22b. ADDRESS LEADWOOD MO
22c. DATE SIGNED 1/18/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1/20/57
23c. NAME OF CEMETERY OR CREMATORY: Leadwood, Cemetery
23d. LOCATION (City, town, or county) (State): Leadwood, Mo.
24. FUNERAL DIRECTOR: Burt L. Boyer — ADDRESS: Leadwood Mo.
25. DATE RECD. BY LOCAL REG.: Jan. 18, 1957
26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No. .....

working under my personal supervision..

Student .....
Signature of Student Embalmer

Signed William E. Bo

Licensed Embalmer No. 4

P. O. Address Leadwo

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