Health, Welfare Public Service

. 300
. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 25 1957

STATE FILE NUMBER 12579

Registration District No. 77 Primary Registration District No. 2016 Registrar's No. 135

1. PLACE OF DEATH a. COUNTY Cole	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City — Inside Limits? Yes X No ☐	c. CITY OR TOWN Jefferson City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Still Hospital — Length of stay in Ib	d. STREET ADDRESS (If outside, give location) 218 West Elm — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: Margaret	Middle: Johannah	Last: Jordan	4. DATE OF DEATH	Month: Apr	Day: 17	Year: 1957
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH: June-25-1874	9. AGE (In years last birthday): 82	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (City and state or country): Jefferson City, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME: John S. Renner		14. MOTHER'S MAIDEN NAME: Not Known					
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.	17. INFORMANT: John Renner	Address: Jefferson City, Mo			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Medullary paralysis	1:30 AM
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. — DUE TO (b)	Cerebral hemorrhage	4/14-4/17
DUE TO (c)	Arteriosclerotic heart disease	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Hypertensive cardiovascular disease 4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 4/14/57 to 4/17/57 and last saw (her) alive on 4/16/57

Death occurred at 1:50 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) 2

22b. ADDRESS 420 E. High St.

22c. DATE SIGNED 4/17/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 4/18/57

23c. NAME OF CEMETERY OR CREMATORY: Riverview Cemetery

23d. LOCATION (City, town, or county) (State): Jefferson City, Mo

24. FUNERAL DIRECTOR: Thorpe J Gordon

ADDRESS: Jefferson City, Mo

25. DATE RECD. BY LOCAL REG.: 17 April 1957

26. REGISTRAR'S SIGNATURE: R. P. Morris, MD-MR.

(Licensed Embalmer's Statement on Reverse Side)

JUN 11 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Gideon N. Houser

Licensed Embalmer No. 457

P. O. Address Jefferson Ci

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