. Health,
& Welfare
. Public
h Service

S. 300
. 1-57

FILED OCT 16 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35933
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4506

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1016 Washington — Length of stay in Ib 5 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 1016 Washington (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First WILLIAM Middle LEO Last JORDAN
4. DATE OF DEATH Month 9 Day 25 Year 57
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Aug 22 1897
9. AGE (In years last birthday) 60 — 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) Cook
10b. KIND OF BUSINESS OR INDUSTRY Cook Wilson Packing
11. BIRTHPLACE (City and state or country) Weadlow, Mo
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Walter M Jordan
13b. MOTHER'S MAIDEN NAME Hannah Reddick
14. NAME OF HUSBAND OR WIFE Mary Jordan
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or Unknown) Yes (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO. 500-10-5405
17. INFORMANT Mary Jordan — Address 1016 WASHINGTON ST. KANSAS 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:
IMMEDIATE CAUSE (a) cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH few minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertension + Arteriosclerotic heart disease — few years
DUE TO (c) 4200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

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 Jan 1957 to date of death and last saw her/him alive on about one month ago. Death occurred at 3:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Gustave Elsaman (Degree or title) MD
22b. ADDRESS 709 E 63rd street Kansas City Mo
22c. DATE SIGNED 9/25/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Bur/21
23b. DATE Sept 28 1957
23c. NAME OF CEMETERY OR CREMATORY Mt Moriah Cemetery
23d. LOCATION (City, town, or county) Kansas City (State) Missouri

24. FUNERAL DIRECTOR D W Newcomer Son — ADDRESS 1371 Brushcreek Ave
25. DATE RECD. BY LOCAL REG. 9-28-57
26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Gustave Elsaman

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 Raymond M. Hardy

Licensed Embalmer No. 4913

P. O. Address Lindley, Mo.

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.