

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 3 1958

STATE FILE NUMBER 2434

Registration District No. 294 Primary Registration District No. 6010 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Howard</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <b>Sugar Creek</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Armstrong</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Hiway 63</b>		d. STREET ADDRESS <b>RFD #2</b> (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Lonnie</b> Middle <b>Dee</b> Last <b>Jordan</b>			4. DATE OF DEATH Month <b>1</b> Day <b>18</b> Year <b>58</b>			
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>6/18/1933</b>		9. AGE (In years last birthday) <b>24</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Cooper Co. Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>William Jordan</b>			14. MOTHER'S MAIDEN NAME <b>Flora Isle</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes Seabees</b>		16. SOCIAL SECURITY NO. <b>486360963</b>		17. INFORMANT <b>William Jordan</b> Address <b>Armstrong Mo.</b>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Subarachnoid Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Traumatic Injuries</b>		<b>Instant</b>
DUE TO (c)		
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <b>The automobile which he was driving came in contact with an</b>		
20c. TIME OF INJURY <b>11:03 p. m. Jan. 18, 58</b>			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> <b>Highway 63</b>		
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway 63</b>		20f. CITY, TOWN, OR LOCATION <b>Randolph County, Sugar Creek Twnship, Mo.</b>			
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at <b>11:03 P. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Dr. J. Jolly D. Coroner</b>			22b. ADDRESS <b>203 1/2 N. Clark</b>		22c. DATE SIGNED <b>1-19-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>1/22/1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Clarks Chapel Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Howard County, Mo.</b>
24. FUNERAL DIRECTOR <b>Ralph A. Carr</b>		ADDRESS <b>Fayette, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>1-22-58</b>	26. REGISTRAR'S SIGNATURE <b>Seabees</b>

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be stated. 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

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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.....  
Signature of Student Embalmer

Signed *Raymond A. Carr*.....

Licensed Embalmer No. *3*

P. O. Address *Fayette*

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.