

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040026

State File No.

5421

FILED DEC 8 1958

REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Randall City</u>		c. CITY OR TOWN <u>W. E. Randall</u>	
c. LENGTH OF STAY (In this place) <u>32 yrs</u>		Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hosp. K.C. Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>2327 Olive</u>	

3. NAME OF DECEASED (Type or Print) <u>WALTER</u>	a. (First)	b. (Middle)	c. (Last) <u>JORDAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11 12 58</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1-20-1895</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 12 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General Mntn. Palmdale, Ark.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Samuel Jordan</u>	13b. MOTHER'S MAIDEN NAME <u>Laura Duckwily Vandover Jordan</u>	14. NAME OF HUSBAND OR WIFE <u>JORDAN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	(If yes, give war or date of service) <u>W.W. War</u>	16. SOCIAL SECURITY NO. <u>486-08-8533</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jordan</u>	ADDRESS <u>2327 Olive</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION, DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia,</u>			<u>1 d</u>
ANTECEDENT CAUSES	DUE TO (b) <u>Aortic stenosis & hrt. failure</u>		<u>4 mos</u>
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <u>arteriosclerosis</u>		<u>10+ years</u>
II. OTHER SIGNIFICANT CONDITIONS	<u>uremia</u>		<u>1 wk</u>
Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4+11</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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2. I hereby certify that I attended the deceased from JULY, 1958, to 11-12, 1958, that I last saw the deceased alive on 11/12, 1958, and that death occurred at 9:50 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Warrent Eckelmy, M.D.</u>	23b. ADDRESS <u>Prof. Sedg. K.C. Mo.</u>	23c. DATE SIGNED <u>11/15/58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-15-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Blue Ridge Lawn K.C. Mo.</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG <u>11-15-58</u>	REGISTRAR'S SIGNATURE <u>Neve Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. B. Davis K.C. Mo.</u>	ADDRESS
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DEC 4 1962

9621-0237

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *C. E. Davis*.....

Licensed Embalmer No.

P. O. Address *76 E*.....

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.