Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-044199
STATE FILE NUMBER

FILED JAN 5 1959 Registration District No. 149 Primary Registration District No. 1062 Registrar's No. 5946

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) KANSAS CITY — Inside Limits Yes X No
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Conn Home 2905 Forest — Length of stay in 1b 50 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 (If outside, give location) 1422 Spruce — Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First GEORGE Middle Last JORDON

4. DATE OF DEATH Month December Day 13, Year 1958

5. SEX Male 2
6. COLOR OR RACE Negro
7. MARRIED NEVER MARRIED X WIDOWED DIVORCED
8. DATE OF BIRTH June 4, 1891
9. AGE (In years last birthday) 67 yrs. — 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) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Boonville, Missouri
12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Louvenia Jordon
14. NAME OF HUSBAND OR WIFE none

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. —
17. INFORMANT Bessie Smith Address 4239 E. 13th St. Cousin

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) Hypertensive Heart Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 442 X
INTERVAL BETWEEN ONSET AND DEATH

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 12/8/58, to 12/13/58 and last saw her/him alive on 12/13/58
Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L S Daigle M.D.
22b. ADDRESS 2122 Truman Rd
22c. DATE SIGNED 12/15/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 12-17-58
23c. NAME OF CEMETERY OR CREMATORY National
23d. LOCATION (City, town, or county) (State) Leavenworth, Kansas

24. FUNERAL DIRECTOR ADDRESS Watkins Bros. Funeral Home 18th & Benton
25. DATE RECD. BY LOCAL REG. 12-16-58
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

L.S.Daigle

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 ....Bruce R. Watkins.....

Licensed Embalmer No....4500.....

P. O. Address.....18th & Bent

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.