

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019309

STATE FILE NUMBER

FILED JUN 1 1959

Registration District No. _____ Primary Registration District No. _____

Registrar No. 4779

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Illinois</i> b. COUNTY <i>St. Clair</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>East St. Louis, Ill.</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Memorial Hosp. Hosp</i>		Length of stay in 1b <i>1 week</i>	d. STREET ADDRESS (If outside, give location) <i>1007 N. 72nd St</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <i>Clarence C. Jordan</i>			4. DATE OF DEATH Month <i>May</i> Day <i>14</i> Year <i>1959</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>April 26, 1913</i>		9. AGE (In years last birthday) <i>46</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Dead Hand</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>As P. Librarian</i>	11. BIRTHPLACE (City and state or country) <i>Carslaw, Arkansas</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13a. FATHER'S NAME <i>Melvin Jordan</i>		13b. MOTHER'S MAIDEN NAME <i>Eugene McKenny</i>		14. NAME OF HUSBAND OR WIFE <i>Ida Marie Jordan</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Yes and 1941-1945</i>		16. SOCIAL SECURITY NO. <i>492-05-1620</i>	17. INFORMANT Address <i>Mrs. Ida Marie Jordan 1007 N. 72nd St. East St. Louis, Ill.</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Thrombotic multiple (Brain tumor)</i> DUE TO (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) <i>Pulmonary edema & congestion</i>					INTERVAL BETWEEN ONSET AND DEATH <i>193.0</i>
20a. ACCIDENT <input 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.)			
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <i>5/10/59</i> to <i>5/14/59</i> and last saw him alive on <i>5/14/59</i> Death occurred at <i>10:10 AM</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>William O. Platt, M.D.</i>			22b. ADDRESS <i>919 N. Taylor Ave. St. Louis 8 Mo.</i>		22c. DATE SIGNED <i>5/14/59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removed</i>		23b. DATE <i>5/16/59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Roscher Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Trask, Missouri</i>
24. FUNERAL DIRECTOR <i>Meta Herman & Son, Inc.</i>		ADDRESS <i>216 E. Fair</i>		25. DATE RECD. BY LOCAL REG. <i>MAY 16 59</i>	26. REGISTRAR'S SIGNATURE <i>Lead Smith, M.D.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

THIS INFORMATION IS NOT TO BE RELEASED TO THE PUBLIC

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 *Clement McNeary*

Licensed Embalmer No. *3732*

P. O. Address *St. Louis*

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.