

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

-60-000130

FILED VS JAN 28 1960

Registration District No. 14 Primary Registration District No. 4028 Registrar's No. 2

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Barton</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barton</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Liberal</b>		Length of stay in 1b <b>4 years</b>		c. CITY OR TOWN <b>Liberal</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>At Home</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>None</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>ISAAC</b> Middle <b>EDGAR</b> Last <b>JORDAN</b>				4. DATE OF DEATH Month <b>January</b> Day <b>13</b> Year <b>1960</b>					
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Apr. 23, 1883</b>	9. AGE (last birthday) <b>76</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>		IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shoe Cobbler, Ret.</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe Mfg. Co.</b>		11. BIRTHPLACE (City and state or country) <b>Bethany, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>		
13a. FATHER'S NAME <b>John Jordan</b>			13b. MOTHER'S MAIDEN NAME <b>Elizabeth Forth</b>			14. NAME OF HUSBAND OR WIFE <b>Ida Jordan</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>491-05-8041</b>		17. INFORMANT Address <b>Mrs. I. E. Jordan, Liberal, 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>Cerebral Thrombosis &amp; Congestive Failure</b> DUE TO (b) <b>Generalized Arteriosclerosis</b> and <b>Carcinomatosis</b> DUE TO (c) <b>2 wks</b>								INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b> <b>3 yrs.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>for Transitional Cell Carcinoma of the urinary bladder</b> <b>surgery on Dec. 14, 1959</b>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		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 a.m. p.m. Month, Day, Year									
20d. INJURY OCCURRED WHILE AT WORK <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 <b>JUNE 10, 1949</b> to <b>Jan. 13, 1960</b> and last saw him alive on <b>Jan. 13, 1960</b> Death occurred at <b>2:10 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>M. H. Kneeland, D.O.</b>				22b. ADDRESS <b>Liberal, Missouri</b>				22c. DATE SIGNED <b>Jan 14 60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Jan. 15, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lake Cemetery</b>		23d. LOCATION (City, town, or county) <b>Lamar, Mo.</b>		(State)		
24. FUNERAL DIRECTOR <b>Chiles Funeral Home, Lamar, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>Jan. 20, 1960</b>		26. REGISTRAR'S SIGNATURE <b>Charlotte McDowell</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed L. Gerald Beeny

Licensed Embalmer No. 4203

P. O. Address Sheldon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.