

1. PLACE OF DEATH a. COUNTY <i>City of St. Louis, Mo.</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Indiana</i> b. COUNTY <i>Vigo</i>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis, Mo.</i>		Length of stay in lb <i>3 days</i>	c. CITY OR TOWN <i>Terre Haute, Indiana</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>Enroute City Hospital</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <i>1920 South 7th St.</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>Prof. Edward Thomas Jordan</i>			4. DATE OF DEATH Month Day Year <i>12-26-1960</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>8/31/03</i>	9. AGE (last birthday) <i>57</i>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Professor</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Professor</i>	11. BIRTHPLACE (City and state or country) <i>Leeds, England</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Edward Jordan</i>	13b. MOTHER'S MAIDEN NAME <i>Catherine Bligh</i>	14. NAME OF HUSBAND OR WIFE <i>Nora Jordan</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>311-34-2825</i>	17. INFORMANT Address <i>Mrs. Nora Jordan - Terre Haute, Ind</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b); and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>coronary thrombosis</i>		<i>acute</i>
DUE TO (b) <i>Myocardial infarction</i>		
DUE TO (c) <i>420.1</i>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>1-3-61</i>		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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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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
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21. I attended the deceased from <i>1947</i> to <i>3-1-60</i> and last saw her/him alive on <i>3-1-60</i>	
Death occurred at <i>10:30 A.M.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <i>W. J. Lowenstein</i> (Degree or title) <i>W. J. Lowenstein, M.D.</i>	22b. ADDRESS <i>1537 So. 7th St. Terre Haute, Indiana</i>	22c. DATE SIGNED <i>12-28-60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>12/29/60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Terre Haute, Indiana</i>
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24. FUNERAL DIRECTOR ADDRESS <i>Patrick J. Ryan-602, S. 7th St.</i>	25. DATE RECD. BY LOCAL REG. <i>DEC 29 1960</i>	26. REGISTRAR'S SIGNATURE <i>W. J. Smith, M.D.</i>
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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 John J. Haines

Licensed Embalmer No. 4108

P. O. Address St. Louis, Mo.

**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.