

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

2517-61-017558
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. _____

DATE AMENDED: 5-25-61
INSTEAD OF: 10-1-1912 58 yrs.
BY AFFIDAVIT OF Informant: Carl G. Santoro
ITEM NO. SHOULD READ: 8 & 9 10-1-1903 57 yrs.
DOCUMENT: MEDICAL CERTIFICATION

FILED JUN 5 1961

1. PLACE OF DEATH
a. COUNTY **Jackson**
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Kansas City, Missouri** Length of stay in lb **33 yrs**
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Downtown Hospital** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Jackson**
c. CITY OR TOWN **Kansas City, Missouri** Inside Limits Yes No
d. STREET ADDRESS (if outside, give location) **1326 Paseo** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Georgia Lee Jordan **5 19 61**

5. SEX **Female** 6. COLOR OR RACE **Negro** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **10-1-1912** 9. AGE (last birthday) **58 5 7** IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Maid** 10b. KIND OF BUSINESS OR INDUSTRY **Moffitt Beauty Shop** 11. BIRTHPLACE (City and state or country) **Waco Texas** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **William Washington** 13b. MOTHER'S MAIDEN NAME **Luvenia McCain** 14. NAME OF HUSBAND OR WIFE **Arthur Jordan - Husband**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 17. INFORMANT Address **Arthur Jordan 1326 Paseo Husband**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Myocardial Infarction**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } 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)
PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

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 5-14-61 to 5-18-61 and last saw her alive on 5-18-61
Death occurred at 6:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Carl G. Santoro M.D.** 22b. ADDRESS **1222 McGee - K.C. Mo.** 22c. DATE SIGNED **5-19-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **5-23-61** 23c. NAME OF CEMETERY OR CREMATORY **Lincoln** 23d. LOCATION (City, town, or county) (State) **Kans City, Missouri**

24. FUNERAL DIRECTOR ADDRESS **WATKINS BROS. FUNERAL HOME 18th & Benton** 25. DATE RECD. BY LOCAL REG. **5-22-61** 26. REGISTRAR'S SIGNATURE **Ruth Long**

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 P. Winters

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.