

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032377

STATE FILE NUMBER

Registration District No. 103 Primary Registration District No. 5417 Registrar's No. 13

AMENDED

FILED OCT 9 1961

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>West Hammond</u>		Length of stay in 1b	c. CITY OR TOWN <u>West Hammond</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>State Rt 3</u>
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>JAMES</u> Middle <u>Henry</u> Last <u>JORDAN</u>			4. DATE OF DEATH Month <u>10</u> - Day <u>1</u> - Year <u>61</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>Cal</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-3-85</u>	9. AGE (last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>gro.</u>	11. BIRTHPLACE (City and state or country) <u>Rossville Tenn</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>Henry Jordan</u>		13b. MOTHER'S MAIDEN NAME <u>Georgia Robinson</u>		14. NAME OF HUSBAND OR WIFE <u>Essie Jordan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, never unknown) (If yes, give war or dates of service) <u>World War 2</u>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>Geary Jordan Rossville Tenn</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>GUNSHOT WOUND, left chest</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u>
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. <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 checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) <u>Shot with 22 cal. pistol</u>			
20c. TIME OF INJURY Hour <u>4:00</u> Month, Day, Year <u>Oct 1 1961</u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 _____ to _____ and last saw her/him alive on _____
Death occurred at 4:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Quinty Starnes, M.D.</u>		22b. ADDRESS <u>Mo. 10-1-61</u>		22c. DATE SIGNED <u>10-1-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Reinterred</u>	23b. DATE <u>10-4-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt Zion</u>	23d. LOCATION (City, town, or county) (State) <u>Blount Tenn Ark</u>		
24. FUNERAL DIRECTOR ADDRESS <u>German Funeral Home, State Mo</u>		25. DATE RECD. BY LOCAL REG. <u>10/7/61</u>	26. REGISTRAR'S SIGNATURE <u>Sue Kalenske</u>		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

NOV 2 1961

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 _____

Jim F. McAllure

Licensed Embalmer No. _____

5104

P. O. Address _____

St. Louis, Missouri

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.