

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001057

STATE FILE NUMBER

AMENDED

Registration District No. 119 Primary Registration District No. 5993 Registrar's No. 13

FILED JAN 31 1962

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)   |  |
| a. COUNTY <u>Gasconade</u>  |   | a. STATE <u>Mo</u> b. COUNTY _____  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Roark Twp</u>  |   | c. CITY OR TOWN <u>Gasconade</u>  |  |
| Length of stay in 1b <u>80 yrs</u>  |   | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>8 mi. South of Hermann</u>                             |   | d. STREET ADDRESS (If outside, give location) <u>8 mi. South of Hermann</u>   |  |
| Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |   | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |
| 3. NAME OF DECEASED (Type or print) First Middle Last   |   |   | 4. DATE OF DEATH Month Day Year  |
| <u>CHARLES JACOB JORDAN</u>   |   |   | <u>January 22 1962</u>   |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>Cau.</u>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>2/27/1881</u>  |
| 9. AGE (last birthday) <u>80</u>  |   | 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) <u>Farmer</u>                             |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>  | 11. BIRTHPLACE (City and state or country) <u>RFD Hermann, Mo</u>  |
| 12. CITIZEN OF WHAT COUNTRY <u>US</u>   |   | 13a. FATHER'S NAME <u>Joseph Jordan</u>   |  |
| 13b. MOTHER'S MAIDEN NAME <u>Hermia Feil</u>  |   | 14. NAME OF HUSBAND OR WIFE <u>Ludwina Jordan</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>                    |   | 16. SOCIAL SECURITY NO. <u>None</u>   | 17. INFORMANT Address <u>Mrs. Ludwina Jordan Hermann, Mo</u>   |
| 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) <u>Cerebral anoxia</u>  |   |   | <u>2 min.</u>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Acute coronary occlusion</u> |   |   |  |
| DUE TO (c) <u>Coronary arteriosclerosis</u>   |   |   |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 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.)  |  |
| 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 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 <u>4/6/60</u> to <u>1/22/62</u> and last saw him alive on <u>1/20/62</u>                             |   |   |  |
| Death occurred at <u>8:31 A. M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.              |   |   |  |
| 22a. SIGNATURE <u>[Signature]</u> (Degree or title)   |   | 22b. ADDRESS <u>Hermann, Mo</u>   | 22c. DATE SIGNED <u>1/23/62</u> (State)  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   | 23b. DATE <u>1-25-62</u>  | 23c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph Cemetery</u>   | 23d. LOCATION (City, town, or county) <u>RFD Hermann Mo</u>  |
| 24. FUNERAL DIRECTOR <u>Herman Blumer Inc Hermann, Mo</u> ADDRESS   |   | 25. DATE RECD. BY LOCAL REG. <u>1-29-62</u>   | 26. REGISTRAR'S SIGNATURE <u>[Signature]</u>   |

FEB 1 1962

**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 ORVAL GROVER Student Embalmer No. 641  
working under my personal supervision.

Student Orval Grover  
Signature of Student Embalmer

Signed Raymond Bennett  
Licensed Embalmer No. 3160

P. O. Address Thurman 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.