

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-004001

FILED JAN 25 1962

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 728

STATE FILE NUMBER

AMENDED

DATE AMENDED 2/5/62 2/5/62
INSTEAD OF 1/15/62 12/13/1920 & 41
SHOULD READ 1/16/62 12/13/19 & 42
BY AFFIDAVIT OF Funeral Director

DOCUMENT Honorable Discharge U.S. Army
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY - - - -				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY - - - -			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri			Length of stay in 1b 3 days		c. CITY OR TOWN St. Louis, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hospital			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5213 Oleatha		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Clark Middle H. Last Jordan				4. DATE OF DEATH Month January Day 15 Year 1962			
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12-13-1920	9. AGE (last birthday) 41 42		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Civil Service Employee			10b. KIND OF BUSINESS OR INDUSTRY Federal Government		11. BIRTHPLACE (City and state or country) Fayetteville, Arkansas U.S.A.		12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME John Clark Jordan			13b. MOTHER'S MAIDEN NAME Annabelle Harrison			14. NAME OF HUSBAND OR WIFE Ethel Jeanette Jordan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II			16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. Clark H. Jordan		
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Failure & Acidosis							INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
DUE TO (b) massive intestinal hemorrhage							6 hrs.
DUE TO (c) Chronic Alcoholism & Liver Dis.							12 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) malnutrition & Acidosis							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 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.) 3221				
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 2-25-61 to 1-16-62 and last saw him alive on 1-15-62 Death occurred at 12^{LO} AM 1-16-62 m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Phillip Comess MD				22b. ADDRESS 6500 Chappelle		22c. DATE SIGNED 1-16-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1-17-62	23c. NAME OF CEMETERY OR CREMATORY National Cemetery Jefferson Brks.		23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Missouri		
24. FUNERAL DIRECTOR HOFFMEISTER COLONIAL MORTUARY				25. DATE RECD. BY LOCAL REG. JAN 17 1962		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.	

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

John S. Demme

Licensed Embalmer No. 41940

P. O. Address St. Louis,

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.