

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-027700

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 176 Primary Registration District No. 3-656 Registrar's No. 79

STATE FILE NUMBER

FILED AUG 13 1962

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Lawrence | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Florida b. COUNTY Key West | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 9 mi. West of Republic, Mo | | c. CITY OR TOWN Marathon | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Death At Auto Accident | | d. STREET ADDRESS (If outside, give location) | |

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|---|----------------------------------|---|--|---|---|
| 3. NAME OF DECEASED (Type or print) First Middle Last Rose Celeste Jordan | | | 4. DATE OF DEATH Month Day Year August 1, 1962 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 12-8-1922 | 9. AGE (last birthday) 39 | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and state or country) Chicago, Ill. | | 12. CITIZEN OF WHAT COUNTRY USA |
| 13a. FATHER'S NAME Joseph Cappuccio | | 13b. MOTHER'S MAIDEN NAME Nellie Belluinni | | 14. NAME OF HUSBAND OR WIFE Clyde C. Jordan | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unk. | | 16. SOCIAL SECURITY NO. Unk. | 17. INFORMANT Address Clyde C. Jordan Marathon, Fla. | | |

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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: IMMEDIATE CAUSE (a) Broken neck | | INTERVAL BETWEEN ONSET AND DEATH |
| 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 checked="" 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.) Two car Accident 9 mi. W. of Republic, Mo. |
| 20c. TIME OF INJURY Hour 2:00 p.m. Month, Day, Year 8-1-1962 | | |
| 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 Lawrence Missouri |

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

| | | | |
|---|------------------------------|---|---|
| 22. SIGNATURE • (Degree or title) Edwren Walker Coroner | | 22b. ADDRESS Pine City, Mo. | 22c. DATE SIGNED 8-7-1962 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 8-2-1962 | 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | 23d. LOCATION (City, town, or county) (State) Los Angeles, California |

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|--|---|---|
| 24. FUNERAL DIRECTOR ADDRESS W.B. Cantrell Republic, Mo. | 25. DATE RECD. BY LOCAL REG. 8-9-62 | 26. REGISTRAR'S SIGNATURE W.S. Burney |
|--|---|---|

(Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59

10550
28090

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4 1
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12 91-3
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

AUG 14 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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William D. Conwell

Licensed Embalmer No. 4820

P. O. Address Republica, Mr.

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.