

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-028061**

STATE FILE NUMBER

Registration District No. 138 Primary Registration District No. 5529 Registrar's No. 38

DO NOT WRITE ON THIS STUB

AMENDED

**FILED AUG 13 1963**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Hickory</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Wheatland Township</u> Length of stay in 1b <u>3 years</u>		c. CITY OR TOWN <u>Wheatland Township</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>6 Miles N Wheatland</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>6 Miles N of Wheatland</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First Middle Last <u>Josie Annie Jordan</u>			4. DATE OF DEATH Month Day Year <u>Aug 7 - 1963</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</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>6-19-96</u>
9a. USUAL OCCUPATION (Give kind of work, done during most of working life, even if retired) <u>Farm Housewife</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	9c. AGE (last birthday) <u>67</u>
10a. FATHER'S NAME <u>John C. Beyer</u>		10b. MOTHER'S MAIDEN NAME <u>Mary Brown</u>	10c. NAME OF HUSBAND OR WIFE <u>Oliver Lee Jordan</u>
11. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		12. SOCIAL SECURITY NO. <u>None</u>	
13. CAUSE OF DEATH (Enter only one cause per line)		14. BIRTHPLACE (City and state or country) <u>Arcy, MO</u>	
PART I. DEATH WAS CAUSED BY:		15. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
DUE TO (b) <u>Tobacco Dependence</u>			
DUE TO (c) <u>Drinking</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. <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>2:30</u> to <u>August 7, 1963</u> and last saw her alive on <u>August 6, 1963</u>		Death occurred at <u>2:30</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>J. E. Briggs</u>		22b. ADDRESS <u>Wheatland, MO</u>	22c. DATE SIGNED <u>8-10-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Aug 9-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MACADONIA Cemetery Wheatland, MO</u>	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR ADDRESS <u>Robert H. Thawway - Wheatland, MO</u>		25. DATE RECD. BY LOCAL REG. <u>Aug 10, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Mary Johnson</u>

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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

*Chas. Robert Hathaway*

Licensed Embalmer No. 4267

P. O. Address Threatland, 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.