

FILED JAN 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40486

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 59

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Henry | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN Windsor | | c. CITY (If outside corporate limits, write RURAL and give township) Windsor | |
| c. LENGTH OF STAY (in this place) 16 years | | d. STREET ADDRESS (If rural, give location) 409 East Colt | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 409 East Colt | | | |

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|---|--|--|--|---|--|
| 3. NAME OF DECEASED a. (First) Katherine b. (Middle) S. c. (Last) Jordon | | | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 28 1950 | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | |
| 8. DATE OF BIRTH Nov. 14, 1900 | | 9. AGE (In years last birthday) 50 | | 10. IF UNDER 1 YEAR Months 1 Days 14 | |
| 11. BIRTHPLACE (State or foreign country) Russia | | 12. CITIZEN OF WHAT COUNTRY? U S A | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | |
| 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Russia | | 12. CITIZEN OF WHAT COUNTRY? U S A | |

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|----------------------------|--|-----------------------------------|--|---|--|
| 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Ray B. Jordon | |
|----------------------------|--|-----------------------------------|--|---|--|

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|---|--|------------------------------|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ray B. Jordon, Windsor, Missouri | |
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|--|--|--|--|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH. 10 MIN. |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GUNSHOT WOUND CHEST | | II. OTHER SIGNIFICANT CONDITIONS | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | 21. HOW DID INJURY OCCUR? SELF INFLICTED |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | 21. HOW DID INJURY OCCUR? SELF INFLICTED |

| | | | | | |
|--|--|---|--|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) SUICIDE | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) WINDSOR HENRY MO. | |
|--|--|---|--|---|--|

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|---|--|--|--|---|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) DEC. 28 1950 10:35 AM | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? SELF INFLICTED | |
|---|--|--|--|---|--|

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:35 am., from the causes and on the date stated above.

| | | | | | |
|---|--|---------------------------|--|-------------------------------|--|
| 23a. SIGNATURE Hugh B. Walker, MD (Degree or title) 2 | | 23b. ADDRESS Clinton, Mo. | | 23c. DATE SIGNED 28 Dec. 1950 | |
|---|--|---------------------------|--|-------------------------------|--|

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|---|--|---|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 12-29-50 | | 24c. NAME OF CEMETERY OR CREMATORY Calhoun Cemetery | |
| 24d. LOCATION (City, town, or county) (State) Calhoun, Missouri | | 24e. NAME OF CEMETERY OR CREMATORY Calhoun Cemetery | | 24f. LOCATION (City, town, or county) (State) Calhoun, Missouri | |

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|--------------------------------------|--|--------------------------------------|--|--|--|
| DATE REC'D BY LOCAL REG. Dec-29-1950 | | REGISTRAR'S SIGNATURE Florence Adcox | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Houston-Turner, Windsor, Mo | |
|--------------------------------------|--|--------------------------------------|--|--|--|

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

421

RECEIVED 1-8-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 1-8-51

1951
FEB 7

JAN 11 1951

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 _____
Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648

P. O. Address Windsor, 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 this body is not embalmed, fact should be so stated above.