

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-009689

STATE FILE NUMBER

FILED MAR 31 1958

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 264

Health, Welfare, Public Service  
0420  
0  
300  
-56  
ATTENTION: If death is due to natural causes, coroner cannot certify to a death due to natural causes. If death is due to any other cause, coroner cannot certify to a death due to natural causes. ATTENTION: If death is due to any other cause, coroner cannot certify to a death due to natural causes. ATTENTION: If death is due to any other cause, coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Henry</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Windsor</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Windsor</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Windsor Hospital</b>			Length of stay in lb <b>23 yrs</b>			d. STREET ADDRESS (If outside, give location) <b>409 E. Coit</b>	
3. NAME OF DECEASED (Type or print) First <b>Ray</b> Middle <b>B.</b> Last <b>Jordan</b>		4. DATE OF DEATH Month <b>March</b> Day <b>17</b> Year <b>1958</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 21, 1904</b>	9. AGE (In years last birthday) <b>53</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Doctor</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Henry County Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>John Jordan</b>				14. MOTHER'S MAIDEN NAME <b>Mary Lewis Bradley</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT <b>Cloe Jordan - Windsor, Mo.</b>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary Hemorrhage</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Gunshot wounds</b> DUE TO (c) <b>976X</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							INTERVAL BETWEEN ONSET AND DEATH <b>3 hrs</b> <b>3 hrs</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>Shot self twice with .22 pistol</b>					
20c. TIME OF INJURY Hour <b>8:00</b> a. m. <b>3/17/58</b>		20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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 <b>Dec 1956</b> to <b>Mar 1958</b> and last saw him alive on <b>3/17/58</b> Death occurred at <b>11:12 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>William Smith M.D.</b> (Degree or title)				22b. ADDRESS <b>Windsor, Mo.</b>		22c. DATE SIGNED <b>3/22/58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>Mar. 17, 1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Laurel Oaks</b>		23d. LOCATION (City, town, or county) (State) <b>Windsor, Missouri</b>	
24. FUNERAL DIRECTOR <b>Ellis Huston - Windsor, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>B-25-28</b>		26. REGISTRAR'S SIGNATURE <b>Mildred Begum</b>		

(Licensed Embalmer's Statement on Reverse Side)

VS MAY 26 1958

FEB 7 1957

APR 21 1958 856. 12. RPL

- 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 *Clifford Gouge*.....

Licensed Embalmer No. *5011*

P. O. Address *Windsor, Ont.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.