

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11866

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BIRTH NO. _____		REG. DIST. NO. <u>75</u>		PRIMARY REG. DIST. NO. <u>3015</u>		Registrar's No. <u>20</u>			
1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>MISSOURI</u> b. COUNTY <u>CLINTON</u>					
b. CITY OR TOWN <u>CAMERON</u>		c. LENGTH OF STAY (in this place) <u>29RS</u>		c. CITY OR TOWN <u>CAMERON</u>		25			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ARTHUR</u> b. (Middle) <u>William</u> c. (Last) <u>JORDISON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 7 1949</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>FEB. 2-1878</u>			
9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GROCERMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GROCERY</u>		11. BIRTHPLACE (State or foreign country) <u>England</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>William JORDISON</u>		13b. MOTHER'S MAIDEN NAME <u>Hannah WHERLER</u>		14. NAME OF HUSBAND OR WIFE <u>Lilian Hazel JORDISON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>483-097341</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lilian Hazel JORDISON</u> ADDRESS <u>CAMERON, MO</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer Small Intestine</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2</u> <u>years</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>152X</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>April 7 1949</u> to <u>April 7 1949</u> , that I last saw the deceased alive on <u>April 7 1949</u> , and that death occurred at <u>4:20 PM</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>A. O. Silberman</u> (Degree or title) _____				23b. ADDRESS <u>Cameron, MO</u>		23c. DATE SIGNED <u>4/7/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-10-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Delano Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>N. of CAMERON MO</u>			
DATE REC'D BY LOCAL REG. <u>4-10-49</u>		REGISTRAR'S SIGNATURE <u>Winifred W. Moser</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Do Moss CRUNK</u>		ADDRESS <u>CAMERON MO</u>			

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

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

**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.

Signed *Geo. W. Crunk*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2533

P. O. Address Cameron, 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.