

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13323

FILED MAY 4 1953 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 504

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>6001</u> OR TOWN <u>Liberty Mo</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>State Hospital #2</u>		d. STREET ADDRESS (If rural give location) <u>North Main Street</u>	
3. NAME OF DECEASED a. (First) <u>Mary</u> b. (Middle) <u>Jordan</u> c. (Last) <u>Jackson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5 1 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH (Month) (Day) (Year) <u>May 3 1888</u> <u>about 67</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City Mo</u>
12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME	
13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>not given</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>R. J. Clark Liberty Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Does not mean the mode of dying, such as death by fire, asphyxia, etc. means the disease, injury, or complication which caused death.</u>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>meningoencephalitis amygdalis</u>		<u>2 yrs</u>	
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>psychotic</u>		<u>2 yrs</u>	
19a. DATE OF OPERATION <u>5-2-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>025X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	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)	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>5-1</u> , 1953 to <u>5-7</u> , 1953, that I last saw the deceased alive on <u>5-1</u> , 1953, and that death occurred at <u>4:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>State Hospital #2</u>	23c. DATE SIGNED <u>5-1-1953</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>May 2-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>	24d. LOCATION (City, town, or county) (State) <u>Liberty Mo</u>
DATE REC'D BY LOCAL REG <u>May 2, 1953</u>	REGISTRAR'S SIGNATURE <u>Lothar M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Church Avenue Liberty Mo.</u>	

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

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 John L. ...

Licensed Embalmer No. 4478

P. O. Address Liberty 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

13323-53

State of Missouri }
County of Jackson } ss.

State File No. _____

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 504

On this 20th day of May, 1953, before me appears Carrie Smith

, who, upon her oath, states that the original record of ^{birth} death

for Mary Jordon Jackson, died May 1, 1953 in the State of

Missouri, and which was filed at St. Joseph on May 2, 1953, should be corrected as follows:

Item No. _____ should read _____

Instead of _____

Item No. 8 should read May 13, 1888

Instead of _____ Unknown

Item No. _____ should read _____

Instead of _____

Item No. 9 should read 64

Instead of _____ about 61

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Carrie Smith Sister
Relationship.

1442 E. 3rd Street Terr., Kansas City,
Present Address. Missouri

Subscribed and sworn to before me this 20 day of May, 1953

My Commission expires 10/6/54 Bessie Jordan Notary Public.

22 1953

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

