

STANDARD CERTIFICATE OF DEATH

FILED APR 15 1957

STATE FILE NUMBER

Registration District No. 174 Primary Registration District No. 30.35 Registrar's No. 49

Health, & Welfare Public Service

S. 300 v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. 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>Lafayette</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Lafayette</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lexington</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Waverly</b>		0540 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lexington Hospital</b>				Length of stay in lb <b>1 day</b>		d. STREET ADDRESS (If outside, give location) <b>Middleton T Wn.</b>	
3. NAME OF DECEASED (Type or print) <b>Edgar</b>				First <b>FITZPATRICK</b>		Last <b>Jordan</b>	
4. DATE OF DEATH <b>April 6 1957</b>		Month <b>April</b>		Day <b>6</b>		Year <b>1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb 6-1883</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>WAVERLY, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13. FATHER'S NAME <b>ALBERT JORDAN</b>				14. MOTHER'S MAIDEN NAME <b>MARY FITZPATRICK</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. <b>49-20-3616</b>		17. INFORMANT <b>Mary Jordan Long</b> Address <b>Kansas City, Mo</b>			
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>Crushing injury to chest</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Automobile Traumatism</b> DUE TO (c) <b>8/6/26</b>						INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <b>Chronic myocardial infarction</b>						19. WAS AUTOPSY PERFORMED? <b>YES</b> NO <input type="checkbox"/>	
20a. ACCIDENT <input checked="" 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.) <b>Motor car decelerated was driving called with a rock truck</b>					
20c. TIME OF INJURY <b>9:30 a.m. April 5-1957</b>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>mo #7 rd 23</b>					
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <b>Waverly</b>		COUNTY <b>Lafayette</b>		STATE <b>Mo</b>	
21. I attended the deceased from <b>her death on April 7 1957</b> and last saw her alive on <b>April 7 1957</b> . Death occurred at <b>3:10 Pm 4-6-57</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>W. W. Martin MD</b> (Degree or title) <b>3</b>				22b. ADDRESS <b>Olden Rd</b>		22c. DATE SIGNED <b>4-7-57</b>	
23a. BURIAL, CREMATION, OR OTHER DISPOSITION <b>4-9-57</b>		23b. DATE <b>4-9-57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Waverly Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Waverly Mo</b>	
24. FUNERAL DIRECTOR <b>M D Bailey</b>		ADDRESS <b>Waverly Mo</b>		25. DATE REC'D BY LOCAL REG. <b>4-10-57</b>		26. REGISTRAR'S SIGNATURE <b>Thomas G. Gentry</b>	

1957 JUN 20 1957

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 *Morris D. Bailey* .....

Licensed Embalmer No. *488* .....

P. O. Address *W. ...* .....

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.