

FILED JAN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43580

BIRTH NO. _____ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 6281 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>	
b. CITY OR TOWN <u>Rural Van Buren Twp</u>		c. CITY OR TOWN <u>Rural Van Buren Twp</u>	
c. LENGTH OF STAY (in this place) <u>lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>3 miles west of Green Mountain</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles west of Green Mountain</u>			

3. NAME OF DECEASED (Type or Print) <u>SANFORD</u>			a. (First)		b. (Middle)		c. (Last) <u>CORDER</u>		4. DATE OF DEATH <u>Dec 20 1949</u>		
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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>Sept 16 1898</u>		9. AGE (In years last birthday) <u>51</u>		10. UNDER 1 YEAR Days <u>3</u>		11. UNDER 1 HRS. Hours <u>4</u> Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>			11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
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13a. FATHER'S NAME <u>Robert Corder</u>			13b. MOTHER'S MAIDEN NAME <u>Isabel Stenson</u>			14. NAME OF HUSBAND OR WIFE <u>Orna Corder</u>		
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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) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Orna Corder Rayborn Mo</u>				ADDRESS	
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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	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>						<u>unknown</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u>						<u>unknown</u>	
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>4 20/1</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 20 July, 1949, to 19 Dec, 1949, that I last saw the deceased alive on 18 Dec, 1949, and that death occurred at 7⁰⁰ A m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. J. Connor</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Mountain Grove Mo</u>		23c. DATE SIGNED <u>21 Dec 1949</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 22 - 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Mountain</u>		24d. LOCATION (City, town, or county) (State) <u>Green Mountain Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>Dec. 30, 1949</u>		REGISTRAR'S SIGNATURE <u>E. J. Garner</u> 346		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. W. Barber</u> Mtn. Grove, Mo		ADDRESS	
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

RECEIVED JAN 3 1950

District Health Office No. 6,

District File Number 150-10

Date Filed 1-3-50

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.....

Licensed Embalmer No.....

P. O. Address.....

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.