

FILED JAN 13 1950 STANDARD CERTIFICATE OF DEATH

State File No. 2202

BIRTH NO. 124		REG. DIST. NO. 316		PRIMARY REG. DIST. NO. 3061		Registrar's No. 4			
1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Francois					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Flat River		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Flat River					
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 24 Stanley St.					
3. NAME OF DECEASED (Type or Print) JOHN MICHAEL CORCORAN			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH Jan-3-1950		(Month)		(Day)		(Year)			
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July-26-1877			
9. AGE (10 years last birthday) 72		IF UNDER 1 YEAR Months 5		Days 9		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miner			10b. KIND OF BUSINESS OR INDUSTRY Lead Company		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME John Corcoran			13b. MOTHER'S MAIDEN NAME Mary Jane Comley			14. NAME OF HUSBAND OR WIFE Helen Corcoran			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Helen Corcoran				
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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u> ANTECEDENT CAUSES <u>Hypertension</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Cerebral hemorrhage 2 1/2 years ago - confined to bed since then</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u> <u>hrs</u> <u>3 3/4 hrs</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>July 6, 1941</u> , to <u>Jan 2, 1950</u> , that I last saw the deceased alive on <u>Jan 2, 1950</u> , and that death occurred at <u>12:05 PM</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>H.W. Zuspan</u> (Degree or title)				23b. ADDRESS <u>Flat River, Mo.</u>				23c. DATE SIGNED <u>1/4/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan-5-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Farmington, Mo</u>			
DATE REC'D BY LOCAL REG. <u>Jan. 5, 1950</u>		REGISTRAR'S SIGNATURE <u>Ethera Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>SPARKS</u>		ADDRESS <u>Flat River, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 1-9-50

District Health Officer No. 4

Case File Number 150-42

Date Filed _____

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 *Murphy L. Sparks*

Licensed Embalmer No. *4336*

P. O. Address *East River Ave*

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.