

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

34225

FILED NOV 3 1952

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| BIRTH NO. _____ | | REG. DIST. NO. <u>42</u> | PRIMARY REG. DIST. NO. <u>1000</u> | Registrar's No. <u>1127</u> |
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>0117</u> | | |
| c. LENGTH OF STAY (In this place) <u>35 yrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>313 S. 17th Street</u> <u>0</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> | | b. (Middle) <u>Garten</u> | | c. (Last) <u>Cordry</u> |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>October 22, 1952.</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>August 8, 1891.</u> | 9. AGE (In years last birthday) <u>61</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foreman -- Mailing</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>room-news paper.</u> | | 11. BIRTHPLACE (State or foreign country) <u>Andrew County, Missouri.</u> <u>0</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | | |
| 13a. FATHER'S NAME <u>Samuel B. Cordry</u> | | 13b. MOTHER'S MAIDEN NAME <u>Clara A. Black</u> | | 14. NAME OF HUSBAND OR WIFE <u>Maude Cordry</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>419-09-2440</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Maude Cordry</u> ADDRESS <u>St. Joseph, 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis (portal) of liver</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>Arterio-sclerosis & hypertension</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u> <u>1 yr.</u> |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____ | | 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>Oct. 8, 1952</u> to <u>Oct. 22, 1952</u> , that I last saw the deceased alive on <u>Oct. 22, 1952</u> , and that death occurred at <u>12:10 P.M.</u> , from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE <u>G. T. Bloomer, M.D.</u> | | 23b. ADDRESS <u>1218 N. 3d St. Joseph, Mo.</u> | | 23c. DATE SIGNED <u>10-26-52</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Oct. 24, 1952</u> | | 24c. NAME OF CEMETERY OR CREMATORIUM <u>Mt. Auburn Cemetery</u> |
| 24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u> | | | | |
| DATE REC'D BY LOCAL REG. <u>October 30, 1952</u> | | REGISTRAR'S SIGNATURE <u>Carl C. Casey</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter H. Hench</u> ADDRESS <u>St. Joseph, Mo.</u> |

(Licensed Embalmer's Statement on Reverse Side)

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

Raymond H. Morehead

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, Missouri.

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.