

5. No. 500
EV. 10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10209

State File No.

FILED MAR 31 1953

BIRTH NO. _____ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5572 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grandview</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grandview</u>	
c. LENGTH OF STAY (In this place) <u>4 yrs</u>		7000	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>13301 15th Street</u>		d. STREET ADDRESS (If rural, give location) <u>13301 15th Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Clarence</u> b. (Middle) <u>Elmire</u> c. (Last) <u>CORDWELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3</u> <u>8</u> <u>53</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>3-13-1878</u>		9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas</u>
12. CITIZENRY OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Thomas Cordwell</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Williams</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Cordwell</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 ADDRESS <u>Mrs. Glenn Faurot, Grandview, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u> <u>Approx 10 yrs</u>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		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)		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 Feb 23, 1953, to March 8, 1953, that I last saw the deceased alive on March 8, 1953, and that death occurred at 8 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. E. West, M.D.</u>		23b. ADDRESS <u>Grandview Mo</u>		23c. DATE SIGNED <u>3-9-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-9-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Delhi Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Lincoln, Kansas</u>					

DATE REC'D BY LOCAL REG. <u>3/9/53</u>		REGISTRAR'S SIGNATURE <u>Dr. Annie G. Hodges</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. K. George & Sons Inc, Belton, Mo.</u>	
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(Licensed Embalmers' 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

Stirling E. Goodard

Licensed Embalmer No. 4911

P. O. Address Grandview, 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.