.S. No. 200
ev. 10-46

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38493

FILED NOV 23 1953

BIRTH NO. ____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4094 Registrar's No. 163

0.190

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Garden City
c. LENGTH OF STAY (In this place): 29 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Garden City

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Garden City c190
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Florence
b. (Middle): Virginia
c. (Last): Cordell

4. DATE OF DEATH (Month) (Day) (Year): 11-11-1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Aug. 14-1924
9. AGE (In years last birthday): 29 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Dayton, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Embree
13b. MOTHER'S MAIDEN NAME: Lelia C. Cox
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Mae Warren
ADDRESS: Los Angeles, California

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) Shotgun wound above — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) right breast — instant
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: E981X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Murder
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Blair Home
21c. (CITY, TOWN, OR TOWNSHIP): Garden City (COUNTY): Cass (STATE): Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11-11-53 9 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Shotgun Blast

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John A. Slater Sheriff
23b. ADDRESS: Harrisonville, Missouri
23c. DATE SIGNED: 11-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 15, 1953
24c. NAME OF CEMETERY OR CREMATORY: Garden City Cemetery
24d. LOCATION (City, town, or county) (State): Garden City, Missouri

DATE REC'D BY LOCAL REG.: Nov 15, 1953
REGISTRAR'S SIGNATURE: Dora Barnard 457-0
25. FUNERAL DIRECTOR'S SIGNATURE: Atkinson & Riley
ADDRESS: Garden City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
NOV 21
CASS COUNTY
HEALTH DEPARTMENT

MAY 19 1955

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 Billy J. Lisky

Licensed Embalmer No. 4685

P. O. Address Garden City, 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.