

5. No. 307 FILED DEC 1-1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38887

State File No. \_\_\_\_\_

ev. 10-48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5536 Registrar's No. 72

0440

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

1. PLACE OF DEATH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oregon (rural) Lewis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oregon (rural) Lewis township</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0440</u> <u>south east of Oregon, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elmer</u> b. (Middle) <u>Ellsworth</u> c. (Last) <u>Cordrey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 23 1953</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>Dec. 24 1883</u>			9. AGE (In years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Oregon Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>James Cordrey</u>		13b. MOTHER'S MAIDEN NAME <u>Barbara Taylor</u>		14. NAME OF HUSBAND OR WIFE <u>Lillian Ruth Cordrey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Cordrey Oregon Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>GASTRIC ULCER, PERFORATED</u>  ANTECEDENT CAUSES DUE TO (b) <u>HYPERTENSION</u> DUE TO (c) _____  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>3 DAYS</u> <u>2 YEARS</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>5401</u>		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) (Min.)		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 9-29, 1952, to 11-23, 1953, that I last saw the deceased alive on 11-23, 1952, and that death occurred at 2:00 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. E. ... A.B., D.O.</u>		23b. ADDRESS <u>Oregon Mo.</u>		23c. DATE SIGNED <u>11-24-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 27 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland</u>	
24d. LOCATION (City, town, or county) (State) <u>Oregon Missouri</u>					

DATE REC'D BY LOCAL REG. <u>11-28-53</u>		REGISTRAR'S SIGNATURE <u>James K. Pettigrove</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James K. Pettigrove Oregon Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

**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 James H. Pettigrew  
Licensed Embalmer No. 3192  
P. O. Address Oregon 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.