

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1598

BIRTH NO.		REG. DIST. NO. 122		PRIMARY REG. DIST. NO. 4273		Registrar's No. 3	
1. PLACE OF DEATH a. COUNTY LAFAYETTE 1				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LAFAYETTE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CONCORDIA		c. LENGTH OF STAY (in this place) 14 YRS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CONCORDIA		: 0540	
d. FULL NAME OF HOSPITAL OR INSTITUTION 412 BISMARCK ST.				d. STREET ADDRESS (If rural, give location) 412 BISMARCK ST. 0			
3. NAME OF DECEASED (Type or Print) a. (First) ELLA			b. (Middle) MARGERETHA		c. (Last) CORDES		4. DATE OF DEATH (Month) (Day) (Year) JAN. 12, 1955
5. SEX / FEMALE	6. COLOR OR RACE / WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) / WIDOWED	8. DATE OF BIRTH / JAN 9, 1882		9. AGE (In years last birthday) / 73	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (State or foreign country) CORDEP, Mo 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME MARTIN SCHNANKENBERG		13b. MOTHER'S MAIDEN NAME CATHERINE ROEHR		14. NAME OF HUSBAND OR WIFE HENRY H. CORDES DECEASED.			
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. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS WILLIAM C. CORDES CONCORDIA, MO			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cardiovascular disease 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 2-3 min. Several years
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) 4201			
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 June 28, 1948, to Jan 12, 1955, that I last saw the deceased alive on Jan 8, 1955, and that death occurred at 7:15 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H. Brady, M.D.				23b. ADDRESS Concordia, Mo		23c. DATE SIGNED 1/12/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN. 15, 1955	24c. NAME OF CEMETERY OR CREMATORY ST. PAUL'S CEMETERY		24d. LOCATION (City, town, or county) (State) CONCORDIA, MO		
DATE REC'D BY LOCAL REG. Jan 14-1955		REGISTRAR'S SIGNATURE Clayton S. Landrum		25. FUNERAL DIRECTOR'S SIGNATURE E. S. James		ADDRESS Concordia, Mo	

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

MAR 10 1955

MAR 23 1955

MAR 21 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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia, 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.