

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

1659

BIRTH NO. _____		REG. DIST. NO. <u>184</u>		PRIMARY REG. DIST. NO. <u>3038</u>		Registrar's No. <u>469</u>	
1. PLACE OF DEATH a. COUNTY <u>LINN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LINN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BROOKFIELD</u>		c. LENGTH OF STAY (in this place) <u>12 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BROOKFIELD</u> <u>0582</u>		d. STREET ADDRESS (If rural, give location) <u>0</u> <u>101 MACON ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>101 MACON ST.</u>							
3. NAME OF DECEASED (Type or Print) <u>EVERETT A. CORAM</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 11, 1955</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>JUNE 6, 1890</u>		9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER - RET</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWN FARM</u>	11. BIRTHPLACE (State or foreign country) <u>NEW BOSTON, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>WRENFORD CORAM</u>		13b. MOTHER'S MAIDEN NAME <u>EVALINE HILL</u>		14. NAME OF HUSBAND OR WIFE <u>FLO RICHARDSON</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>MRS. FLO CORAM, BROOKFIELD, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure.</u>	ANTECEDENT CAUSES DUE TO (b) <u>Generalized arteriosclerosis -</u>						<u>4 days.</u>
DUE TO (c) <u>Metabolic disturbance of II.</u>	DUE TO (b) <u>Generalized arteriosclerosis -</u>						<u>10 years.</u>
DUE TO (c) <u>Metabolic disturbance of II.</u>	DUE TO (b) <u>Generalized arteriosclerosis -</u>						<u>5 years.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis of brain</u>							
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4500</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) _____ m.		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.</u> , 19 <u>49</u> , to <u>Jan. 11</u> , 19 <u>55</u> ; that I last saw the deceased alive on <u>Jan. 11</u> , 19 <u>55</u> , and that death occurred at <u>6:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>M. W. Robinson M.D.</u> (Degree or title)			23b. ADDRESS <u>911 Lewis Brookfield Mo</u>			23c. DATE SIGNED <u>1-11-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN. 14, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ROSE HILL</u>		24d. LOCATION (City, town, or county) (State) <u>BROOKFIELD, MO</u>			
DATE REC'D BY LOCAL REG. <u>1-13-55</u>	REGISTRAR'S SIGNATURE <u>Nadine Hamblin</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WRIGHT FUNERAL HOME, BROOKFIELD 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 Harold B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield 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.