

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23269**

FILED AUG. 15 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **104** PRIMARY REG. DIST. NO. **4176** Registrar's No. **18**

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>mo</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Malden</b>		c. CITY OR TOWN <b>Malden</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>82 yrs</b>		e. STREET ADDRESS (If rural, give location) <b>315 E Laclede</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>At Residence</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Luther</b> b. (Middle) <b>E</b> c. (Last) <b>Corder</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>7-19-1956</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>	8. DATE OF BIRTH <b>1974-6-26</b>	9. AGE (In years last birthday) <b>82-0-18</b>	10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>✓</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Dunklin County Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>	
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13a. FATHER'S NAME <b>Jim Corder</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>W</b>	
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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) <b>no</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Roy Corder</b> ADDRESS <b>Malden Mo</b>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Concuss. Liver</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  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 <b>8 NO</b>	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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) <b>1561</b>	
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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? _____	
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22. I hereby certify that I attended the deceased from **1. 8**, 19**55**, to **7-19-**, 19**56** (that I last saw the deceased alive on **7-19**, 19**56**, and that death occurred at **5 A.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. C. Cushman D.O.</b>		23b. ADDRESS <b>Malden</b>		23c. DATE SIGNED <b>7-19-56</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-20-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Malden Mo</b>	
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DATE REC'D BY LOCAL REG. <b>7-26-56</b>		REGISTRAR'S SIGNATURE <b>J. D. Scherman</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas Co Knight</b> ADDRESS <b>Malden Mo</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT ..... 8-13-51

COUNTY FILE NUMBER 856-2

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**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.....  
Signature of Student Embalmer

Signed *Thomas C. Knapp*

Licensed Embalmer No... 218

P. O. Address *Malden*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.