

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 4 - 1957

STATE FILE NUMBER

Registration District No. 336

Primary Registration District No. 6128

Registrar's No. 409

1. PLACE OF DEATH a. COUNTY Shannon				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shannon			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Eminence 10100		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Eminence 10100		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1			Length of stay in 1b	d. STREET ADDRESS (If outside, give location)			Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) George Hester Corder			First	Middle	Last	4. DATE OF DEATH Mar. 1, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED: <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct. 21-1892		9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Eminence, Missouri		12. CITIZEN OF WHAT COUNTRY? U S	
13. FATHER'S NAME George A. Corder				14. MOTHER'S MAIDEN NAME Susan Overstreet			
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.		17. INFORMANT Address Mary Jane Corder Eminence, Missouri			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio-Renal Syndrome							INTERVAL BETWEEN ONSET AND DEATH 6 M
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Apoplexy left side		DUE TO (c) Hypertension + Myocarditis		3 yrs +	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n). 442X							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 3-25-57 to Mar 1 1957 and last saw ^{him} her alive on 2-26-57 Death occurred at 2:30 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Dr. F. W. Wilson M.D.				22b. ADDRESS Eminence Mo		22c. DATE SIGNED 3-22-57	
23a. BURIAL, CREMATION/REMOVAL (Specify)	23b. DATE 3-3-57	23c. NAME OF CEMETERY OR CREMATORY Bethel Chapel		23d. LOCATION (City, town, or county) (State) Eminence, Missouri			
24. FUNERAL DIRECTOR ADDRESS Duncan Funeral Home Mt. View, Mo			25. DATE RECD. BY LOCAL REG. Apr 2, 1957		26. REGISTRAR'S SIGNATURE Mabel Green		

MEDICAL CERTIFICATION

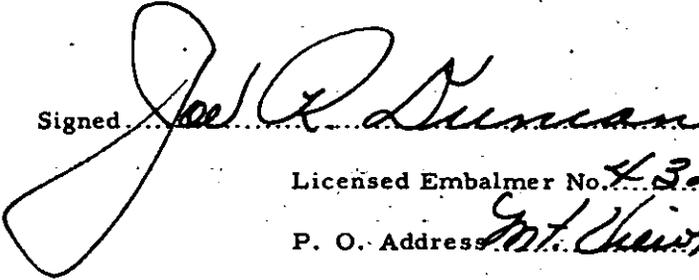
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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..... 

Licensed Embalmer No. 43

P. O. Address Mt. View

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.