FILED MAR 27 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010539
STATE FILE NUMBER

Registration District No. 174 Primary Registration District No. 5644 Registrar's No. 32

1. PLACE OF DEATH
a. COUNTY Lafayette
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Goodloe Rest Home — Length of stay in 1b: 1 year

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lafayette
c. CITY OR TOWN Waverly 0540 0 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Hackoff Hy 24 — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Frank; Middle Gordon; Last Corder
4. DATE OF DEATH: Month March, Day 14, Year 1958
5. SEX: male 0
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ 3 DIVORCED ☒
8. DATE OF BIRTH: June 3, 1872
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Waverly, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John E. Corder
14. MOTHER'S MAIDEN NAME: Rebekah Henten
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. H. McCary Address: Carrollton, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Myocardial Degeneration & Dilatation — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Acute Cerebral Hemorrhage. — 4 days
DUE TO (c) Chronic Cerebral Hemorrhage & Arteriosclerosis. — 5 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 331 X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Jan. 20, 1958 to March 13, 1958 and last saw her/him alive on March 13, 1958.
Death occurred at 4 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Dr John C. Bellman (Degree or title) DO
22b. ADDRESS: 1110½ Main St. Lexington Mo
22c. DATE SIGNED: March 15, 1958

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3/15/1958
23c. NAME OF CEMETERY OR CREMATORY: Waverly Cemetery
23d. LOCATION (City, town, or county) (State): Waverly Missouri
24. FUNERAL DIRECTOR: Bailey Funeral Home — ADDRESS: Waverly Mo.
25. DATE RECD. BY LOCAL REG.: 20 March 1958
26. REGISTRAR'S SIGNATURE: Minerva E. Eastlackes

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Morris D. Bailey.....

Licensed Embalmer No. H.Y.

P. O. Address Waverly

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.