

VIRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-026389
STATE FILE NUMBER

FILED VS AUG 8 1960
INDEXED

115-116 3020 182
Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Franklin									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington		Length of stay in 1b		c. CITY OR TOWN Union		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Jennie Middle Maude Last Cordell				4. DATE OF DEATH Month July Day 31 Year 1960									
5. SEX Female		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 May 26, 1897		9. AGE (last birthday) 83		IF UNDER 1 YEAR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) St. Clair, Mo.		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME James A. Moore			13b. MOTHER'S MAIDEN NAME Mary E. Glover			14. NAME OF HUSBAND OR WIFE Claude R. Cordell							
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 Claude R. Cordell Union, Mo.								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic cardiovascular disease with myocardial infarction</i> DUE TO (b) <i>diarrhea with dehydration</i> DUE TO (c) <i>Suburulation And 333 -</i>										INTERVAL BETWEEN ONSET AND DEATH <i>None?</i>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Fractured hip three weeks ago -</i>								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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.) <i>fell at home in bathroom</i>									
20c. TIME OF INJURY Hour a.m. p.m. 7/3/60		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 <i>7/14/60</i> to <i>7/21/60</i> and last saw her/him alive on <i>7/21/60</i> Death occurred at <i>7:30 p.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Deceased or title) <i>Jennie Maude Cordell</i>					22b. ADDRESS <i>Union Mo</i>					22c. DATE SIGNED <i>8/3/60</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug. 3, 1960		23c. NAME OF CEMETERY OR CREMATORY I. O. O. F. Cemetery			23d. LOCATION (City, town, or county) St. Clair, Missouri						
24. FUNERAL DIRECTOR Casey-Lenox				ADDRESS St. Clair, Mo.				25. DATE RECEIVED BY LOCAL REG. <i>8/4/60</i>		26. REGISTRAR'S SIGNATURE <i>J. H. Williams</i>			

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *K. M. Leroy*

Licensed Embalmer No. 3601

P. O. Address H. Clavin

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.