

MRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-038928

FILED VS. OCT 17 1960

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 122

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Chariton			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brookfield		Length of stay in 1b 40 yrs.		c. CITY OR TOWN Brookfield Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pershing Hospital			d. STREET ADDRESS (If outside, give location) RFD 2.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) Clifford Winston Cordray			4. DATE OF DEATH Month October Day 10 Year 1960		
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-9-1916	9. AGE (last birthday) 43	IF UNDER 1 YEAR Months Days 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 Own Farm		11. BIRTHPLACE (City and state or country) Linn County, Missouri	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Ivan Cordray		13b. MOTHER'S MAIDEN NAME Lora Finney	
13c. NAME OF HUSBAND OR WIFE Orace Cordray		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. 188-40-8308	
17. INFORMANT Mrs. Orace Cordray		17. ADDRESS Orace Cordray		17. ADDRESS	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs.
IMMEDIATE CAUSE (a) Acute myocardial infarction			
DUE TO (b) Coronary Thrombosis			
DUE TO (c) Promature atherosclerosis of arteries			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			

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 Brookfield	COUNTY Mo.	STATE Mo.
21. I attended the deceased from 10-10-60 to 10-10-60 and last saw him alive on 10-10-60 Death occurred at 1:43 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE B. A. Dinehess D.O.	(Degree or title)	22b. ADDRESS Brookfield Mo.	22c. DATE SIGNED 10-12-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 13, 1960	23c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	23d. LOCATION (City, town, or county) Brookfield

24. FUNERAL DIRECTOR Wright Funeral Home	ADDRESS Brookfield, Mo.	25. DATE RECD. BY LOCAL REG. 10-13-60	26. REGISTRAR'S SIGNATURE Katharine Johnson
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(Licensed Embalmer's Statement on Reverse Side)

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 W. R. Brijest

Licensed Embalmer No. 4657

P. O. Address Madville

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.