

**SOURCE DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

23051-017364  
STATE IDENTIFICATION NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 17364

**FILED MAY 29 1961**

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in 1b <u>15 Days</u>	c. CITY OR TOWN <u>Blue Springs</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lakeside</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1407B</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Virgil</u> Middle <u>H</u> Last <u>Corder</u>			4. DATE OF DEATH Month <u>May</u> Day <u>8</u> Year <u>1961</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-31-1879</u>	9. AGE (last birthday) <u>81</u>	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired mail clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Postal Service</u>	11. BIRTHPLACE (City and state or country) <u>Wright City, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Thomas Corder</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ann Kennedy</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased - Mrs. Howard Lightfoot</u> Address <u>Lee's Summit Mo</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY No. <u>None</u>	17. INFORMANT <u>Mrs. Howard Lightfoot</u>

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
IMMEDIATE CAUSE (a) <u>Cardiac &amp; Respiratory Failure</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Hypostatic Pneumonia</u>	
DUE TO (c) <u>Congestive heart failure, Senility</u>		
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 <u>Blue Springs, Mo</u>	COUNTY <u>Mo</u>	STATE
21. I attended the deceased from <u>4-23-1961</u> to <u>5-8-1961</u> and last saw him alive on <u>5-8-61</u> Death occurred at <u>5-8-61</u> <u>5:45pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <u>James H. Via, Jr.</u> (Degree or title)	22b. ADDRESS <u>Blue Springs, Mo</u>	22c. DATE SIGNED <u>5-9-61</u>
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23a. BURIAL, CREMATION, or REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>5/10/1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Blue Springs Cem</u>	23d. LOCATION (City, town, or county) <u>Blue Springs Mo</u>	(State)
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24. FUNERAL DIRECTOR <u>Webb Funeral Home</u> ADDRESS <u>Blue Springs Mo</u>	25. DATE RECD. BY LOCAL REG. <u>5-10-61</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

**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 William Free

Licensed Embalmer No. 4733

P. O. Address Blue Springs

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.