MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-032160
STATE FILE NUMBER

AMENDED

Registration District No. 59 Primary Registration District No. 4097 Registrar's No. 152

FILED SEP 19 1961

1. PLACE OF DEATH
a. COUNTY CASS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HARRISONVILLE
Length of stay in 1b 68 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital
Inside Limits Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print) First GRACE Middle LEE Last CORDELL
4. DATE OF DEATH Month Sept. Day 12 Year 1961
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH Sept 3, 1885
9. AGE (last birthday) 76
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home-Maker
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) FREEMAN, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME THOMAS EDWARD DAVIS
13b. MOTHER'S MAIDEN NAME LEAH V. MEYERS
14. NAME OF HUSBAND OR WIFE Charles M. CORDELL
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. UNKNOWN
17. INFORMANT Mrs John WALDRON Address 76 NOLAND RD. K.C. 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) Carcinoma of Sigmoid
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) with Metastasis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH 6 mo –
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. ☐ Yes ☒ No ☐ Unknown

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 1952 to 9-12-61 and last saw her alive on 9-12-61
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 Edward S. Jones (Degree or title) MD
22b. ADDRESS Harrisonville Mo
22c. DATE SIGNED 9-23-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9/14/1961
23c. NAME OF CEMETERY OR CREMATORY (Cemetery) FREEMAN, Missouri
23d. LOCATION (City, town, or county) (State) FREEMAN, Missouri
24. FUNERAL DIRECTOR Atkinson-Dickey ADDRESS Harrisonville, Mo
25. DATE RECD. BY LOCAL REG. Sept. 14, 1961
26. REGISTRAR'S SIGNATURE MD Roy Sebree

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 Robert W Atkinson

Licensed Embalmer No. 4902

P. O. Address Farmingdale, Me

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.