

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-028901

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 379

FILED AUG 12 1963

DO NOT WRITE ON THIS STUB	AMENDED	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT
VS 300 Rev. 4/59			
10499			
28350			
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9443X			
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12 4-0			
13 2-0			
USE BLACK INK OR TYPEWRITER RIBBON	ITEM NO.	SHOULD READ	BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Casper</u>		2. USUAL RESIDENCE (Where deceased lived at institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Wauver</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Wauver</u>		c. CITY OR TOWN <u>Wauver</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wauver Hosp</u>		d. STREET ADDRESS (If outside, give location) <u>RFD #1</u>	
3. NAME OF DECEASED (Type or print) <u>Mrs Laura Mae McCordle</u>		4. DATE OF DEATH <u>8-1-63</u>	
5. SEX <u>Female</u>	6. COLOR OF RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>June 23-89 74</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Mo</u>
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME <u>Tom Lusk Ford</u>	
13b. MOTHER'S MAIDEN NAME <u>Anna Burchart</u>		14. NAME OF HUSBAND OR WIFE <u>Riley McCordle</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>[Redacted]</u>	
17. INFORMANT <u>Riley McCordle</u>		Address <u>Rd 4, Wauver</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>Mesenteric thrombosis</u>			<u>2 days</u>
DUE TO (b) <u>Auricular fibrillation</u>			<u>3 years</u>
DUE TO (c) <u>Hypertensive heart disease</u>			<u>5 years</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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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	COUNTY STATE
21. I attended the deceased from <u>7-31-63</u> to <u>8-1-63</u> and last saw her <u>alive</u> on <u>8-1-63</u>		Death occurred at <u>7:50 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>A. D. Furse M.D.</u> (Degree or title)		22b. ADDRESS <u>2509 Jackson, Joplin, Mo.</u>	22c. DATE SIGNED <u>8-5-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>8-3-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wauver Mo</u> (State)	
24. FUNERAL DIRECTOR <u>Casper Funeral Home Wauver Mo</u>	25. DATE RECD. BY LOCAL REG. <u>8-6-1963</u>	26. REGISTRAR'S SIGNATURE <u>Noce Merriam</u>	

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, ^{NOT}
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Steve Parker

Licensed Embalmer No. 2548

P. O. Address Joplin, Mo

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.