MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH $-62-0032$					
ARTMENT OF PU			9 L I (Registration District No. 197 Primary Registration District No. 6022 Registrar's No. 174 STATE FILE NUMBER FILED JAN 9 1962	
DATE AMENDED			-	PLACE OF DEATH	
				3. NAME OF DECEASED (Type or print) Cordelia Middle Last 4. DATE Month Day Year OF DEATH Jan 1 1962 5. SEX 6. COLOR OR RACE 7. Married A Never Married B DATE OF BIRTH 6. COLOR OR RACE 7. Married B DATE OF BIRTH 7. AGE (last birthday) If UNDER 1 YEAR IF UNDER 24 Months Days Hours M	
WS			-	Female White Widowed Divorced 12-8-1899 62 Months Days Hours M Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Divorced 12-8-1899 62 Months Days Hours M Orrick, Hissouri Orrick, Missouri	
FOLLO			V	3a. FATHER'S NAME Villiam Conyers Unknown 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE Wilson Michael 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
THIS RECORD ARE AS FOLLOWS INSTEAD OF		DOCUMENT		(res., nh or unknown) (If yes, give war or dates of service) 492-28-6827 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), a	
AMENDMENTS ON			CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. III deceased was female the disease condition given in PART I (a) PART III. III deceased was female the terminal performance of injury in PART III. III deceased was female the disease condition given in PART I (a) PART III. III deceased was female the terminal performance of injury in PART III. III deceased was female the perf	
AMEN SHOULD READ		TOF		20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m. 20d. INJURY OCCURED WHILE AT WORK DOT NOT WHILE AT WORK Death occurred at 10 months of the date stated above, and to the best of my knowledge, from the causes stated. 21. I attended the deceased from 15 months of the date stated above, and to the best of my knowledge, from the causes stated. 222. SIGNATURE (Degree or title) 22b. ADDRESS 22c. DATE SIGNATURE	
ITEM NO.		BY AFFIDAVIT		3a. BURYAL, CREMATION 23B. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) REMOVAL (Specify)	

FEB 19 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	e is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	Signed John Jasley
StudentSignature of Student Embalmer	Signed John Jasky
	Licensed Embalmer No. 4308
	P. O. Address Liberty, 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.