

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

8325

FILED MAR 22, 1948

Registration District No.

Primary Registration District No. 5410

Registrar's No.

7

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town "Rural" Richland Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Twin Bridges, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No. (Specify whether
In this community 1 month
years, months or days)

3. (a) PRINT FULL NAME WILLIAM FINLEY CORDELL

3. (b) If veteran, no name war. 3. (c) Social Security none No.

4. Sex male 0 5. Color or white race 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Amanda Brower Cordell 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased June 6, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 8 12 hr. min.

9. Birthplace Howell County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business

12. Name John Wesley Cordell
13. Birthplace N. Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Matilda Coldiron
15. Birthplace Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant J. H. Cordell
(b) Address West Plains, Mo.

17. (a) Howell Valley Cem. (b) Date thereof Feb. 20, 1948
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Howell Co., Howell Twp.

18. (a) Signature of funeral director Hal Thompson
(b) Address West Plains, Missouri

19. (a) 3-30-48 (b) Vestal Bushman
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell 46
(c) City or town "Rural" Howell Twp. 0
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1, West Plains, Mo. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18,
year 1948 hour 6: minute 10 p. M.

21. I hereby certify that I attended the deceased from Sept 16
1947, 19 to Sept 16 - 1947
that I last saw him alive on Sept 16, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of prostate
Gland and bladder
Duration

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) Means of Injury

23. Signature W. H. Hoyer (M. D. or other)
Address West Plains, Mo. Date signed 2/20/48

RECEIVED

District Health Officer No. 6,

District File Number 348-311

Date Filed MAR 17 1948

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.....

Harold Edward Woodiel....., Registered Apprentice No. 26
working under my personal supervision.

Signed Hal Thomburg

Licensed Embalmer No. 3408

P. O. Address West Plains, 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 this body is not embalmed, fact should be so stated above.