

FILED AUG 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22847

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Excelsior Springs		c. LENGTH OF STAY (in this place) 45 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION 713 High Street		e. STREET ADDRESS (If rural, give location) 717 Cherry Street	

3. NAME OF DECEASED (Type or Print) EVALENA	a. (First)	b. (Middle)	c. (Last) McCORKLE	4. DATE OF DEATH (Month) (Day) (Year) 7-27-1949
--	------------	-------------	---------------------------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Oct 30 - 1886	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY #####		11. BIRTHPLACE (State or foreign country) Kty		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME David Michael	13b. MOTHER'S MAIDEN NAME Mary Overmen	14. NAME OF HUSBAND OR WIFE
---	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. #####	17. INFORMANT'S SIGNATURE OR NAME Mrs Perry Bales- Excelsior Sngs Mo	ADDRESS
--	--------------------------------------	---	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331A	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOME HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
---	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from **6/30/49**, 19**49**, to **7/27**, 19**49**, that I last saw the deceased alive on **7/20**, 19**49**, and that death occurred at **8:00p** m., from the causes and on the date stated above.

23a. SIGNATURE J. M. Crankin M.D.	(Degree or title)	23b. ADDRESS Excelsior Springs Mo	23c. DATE SIGNED 7/27/49
--	-------------------	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-29-1949	24c. NAME OF CEMETERY OR CREMATORY O'Dell Cemetery	24d. LOCATION (City, town, or county) (State) Near Orrick Mo
---	----------------------------	---	---

DATE REC'D BY LOCAL REG. 7/27/49	REGISTRAR'S SIGNATURE Caroline Dutschke	25. FUNERAL DIRECTOR'S SIGNATURE Chas U. Hope	ADDRESS Exc Springs Mo
---	--	--	-------------------------------

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

24

RECEIVED AUG 11

District Health Officer No. 8,

District File Number.....

Date Filed 8-11-49

AUG 23 1949

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.

Signed James A. Moles

Signed.....
Student Embalmer

Licensed Embalmer No. 3296

P. O. Address Excelsior Springs, 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.