

FILED OCT 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29918

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 865

39
2
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield Mo</u>		c. LENGTH OF STAY (in this place) <u>6 Wk</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL Buffalo</u>		d. STREET ADDRESS (If rural, give location) <u>_____</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edith</u> b. (Middle) <u>Susan</u> c. (Last) <u>McCordell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 29 1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>July 6 1884</u>		9. AGE (In years last birthday) <u>65</u>		10. IF UNDER 1 YEAR Months <u>2</u> Days <u>23</u> IF UNDER 2 HRS. Hours <u>_____</u> Min. <u>_____</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 <u>Housewife</u>		
11. BIRTHPLACE (State or foreign country) <u>Dallas County, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>John Mashburn</u>		13b. MOTHER'S MAIDEN NAME <u>Kizzie McCordell</u>		14. NAME OF HUSBAND OR WIFE <u>James McCordell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James McCordell</u> ADDRESS <u>Buffalo, Mo</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		19. INTERVAL BETWEEN ONSET AND DEATH <u>153x</u> <u>?</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adeno Carcinoma Sigmoid</u>		
	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. <u>Hypertension</u>			

19a. DATE OF OPERATION <u>9-19-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Adeno Carcinoma Sigmoid Colon @ Abcess</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE 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) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 Aug 14, 1949, to Sept 29, 1949, that I last saw the deceased alive on Sept. 28, 1949, and that death occurred at 2:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joseph N. Hill</u>		23b. ADDRESS <u>609 Cherry Springfield Mo</u>		23c. DATE SIGNED <u>9-29-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 1, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Home Home Dallas County Mo</u>	
24d. LOCATION (City, town, or county) (State) _____					

DATE REC'D BY LOCAL REG. <u>9-29-49</u>		REGISTRAR'S SIGNATURE <u>W.E. Handley III</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. Jones</u> ADDRESS <u>Buffalo Mo</u>	
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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
Student Embalmer

Signed Morris B. Jones.....

Licensed Embalmer No. 4322.....

P. O. Address Buffalo, 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.