

FILED OCT 31 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33012**

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

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1166</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (In this place) <u>26 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 2</u>				d. STREET ADDRESS (If rural, give location) <u>6206 Washington</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>JOSIE</u>		b. (Middle) <u>CORDONIER</u>		c. (Last) <u>CORDONIER</u>	
4. DATE OF DEATH		(Month) <u>October</u>		(Day) <u>13</u>		(Year) <u>1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married (separated)</u>		8. DATE OF BIRTH <u>Jan. 8, 1895</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months <u>9</u>	IF UNDER 24 HRS. Days <u>5</u> Hours <u>5</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School teaching</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Education</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas, Leavenworth County</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Robert Thompson</u>			13b. MOTHER'S MAIDEN NAME <u>Jedidah Magill</u>			14. NAME OF HUSBAND OR WIFE <u>Irving N Cordonier</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>W. E. Thompson, 6225 Grant, St. Joseph</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>uncompensated heart</u> <u>10 yrs</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u> 490X					
19a. DATE OF OPERATION <u>no</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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) <u>no</u>		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 <u>Nov 15, 1948</u> , to <u>10-13, 1949</u> , that I last saw the deceased alive on <u>10-13, 1949</u> , and that death occurred at <u>8:40 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree of title) <u>W. E. Thompson M.D.</u>				23b. ADDRESS <u>State Hospital #2, St. Joseph, Mo.</u>		23c. DATE SIGNED <u>10-14-1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10/15/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Belmont</u>		24d. LOCATION (City, town, or county) (State) <u>Wathena, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>Oct 25, 1949</u>		REGISTRAR'S SIGNATURE <u>W. E. Jenkins</u> <u>382</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clark Funeral Home, St. Joseph</u> <u>by Bessie Blakey</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, or by _____

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed 

Licensed Embalmer No. 4679

P. O. Address St. Joseph, 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.