

FILED OCT 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33377

BIRTH NO. _____ REG. DIST. NO. 84 PRIMARY REG. DIST. NO. 5318 Registrar's No. 37

23

1. PLACE OF DEATH
a. COUNTY Cooper
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural
c. LENGTH OF STAY (If in place) None
d. FULL NAME OF HOSPITAL OR INSTITUTION None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Cooper
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural
d. STREET ADDRESS Lebanon Sup

3. NAME OF DECEASED
a. (First) MEDORA b. (Middle) ELIZABETH c. (Last) CORDRY
4. DATE OF DEATH (Month) (Day) (Year) Oct 8 1949

5. SEX F 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Dec 17-1857 9. AGE (In years last birthday) 92 if UNDER 1 YEAR Months 9 Days 21 if UNDER 2 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Cooper County Mo 12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Lewis Hutchinson 13b. MOTHER'S MAIDEN NAME Do not know 14. NAME OF HUSBAND OR WIFE William deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. No 17. INFORMANT'S SIGNATURE OR NAME Mrs. John Street Clifton Co Mo ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES (b) Very tired Heart
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 127 ✓

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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 WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 7, 1949 to Oct 8, 1949, that I last saw the deceased alive on Oct 7, 1949 and that death occurred at 7:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) 23b. ADDRESS Otterville Mo. 23c. DATE SIGNED Oct 9-49

24a. BURIAL, CREMATION, REMOVAL (Specify) 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)
Burial 10-10-49 New Lebanon Near Benton Mo

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Oct 10-49 Nellie Shullett 19 A.F. Remeyer Smith Co Mo

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

RECEIVED OCT 14
District Health Officer No. 8,

District File Number _____

Date Filed 10-14-49

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 A. F. Neumeier

Licensed Embalmer No. 3912

P. O. Address Smithton MD

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.