

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12449

BIRTH NO. _____		REG. DIST. NO. 101	PRIMARY REG. DIST. NO. 3412		Registrar's No. 27
1. PLACE OF DEATH a. COUNTY Douglas			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Douglas		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Smallett R, Springcreek			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Smallette, Missouri		
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) Jessie Pearl Cory b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 4-6-50		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-3-87	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housework	11. BIRTHPLACE (State or foreign country) Broken Bone, Nebr.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Addison Voorhies		13b. MOTHER'S MAIDEN NAME Ella F Uber	14. NAME OF HUSBAND OR WIFE Fred B. Cory		
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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS 1 Byron Cory Smallette, Mo.		
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of throat & neck ANTECEDENT CAUSES Morbidity 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.			INTERVAL BETWEEN ONSET AND DEATH 148X
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) m.		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 Jan 15 1950, to April 5, 1950, that I last saw the deceased alive on April 5, 1950, and that death occurred at 2:50 P m., from the causes and on the date stated above.					
23a. SIGNATURE Dr. W. H. Harrison M.D. (Doctor or title)		23b. ADDRESS Box 415 Ava, Mo.		23c. DATE SIGNED 4/8/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-9-50		24c. NAME OF CEMETERY OR CREMATORY Walnut Grove	
				24d. LOCATION (City, town, or county) (State) Smallette, Missouri	
DATE REC'D BY LOCAL REG Apr. 26-50		REGISTRAR'S SIGNATURE Cestel Bushman		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Linkingbeard Funeral Home, Ava, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 27 1950
District Health Office No. 6,
District File Number 450-502
Date Filed 4-29-50

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

Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Ava, 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.