

FILED JUN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21058

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Maryville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Burlington Jct</u>	
c. LENGTH OF STAY (in this place) <u>1 week</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Thomas</u>	b. (Middle) <u>Albert</u>	c. (Last) <u>Corken</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 18, 1950</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 9, 1867</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Month <u>0</u> Days <u>9</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Burlington Jct Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>Samuel Corken</u>	13b. MOTHER'S MAIDEN NAME <u>Helen Westfall</u>	14. NAME OF HUSBAND OR WIFE <u>Annice Wolfers</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Annice Corken</u>	ADDRESS <u>Burlington Jc Mo</u>
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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) <u>Coronary occlusion</u>		<u>15 min</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Cardiomyopathy</u>	<u>9</u>
		DUE TO (c) <u></u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>151X</u>

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10/19, 1949 to 4/18, 1950, that I last saw the deceased alive on 4/18, 1950 and that death occurred at 2:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>D. F. ...</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Burlington Jct Mo</u>	23c. DATE SIGNED <u>4/26/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/20/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ohio Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Burlington Jct Mo</u>
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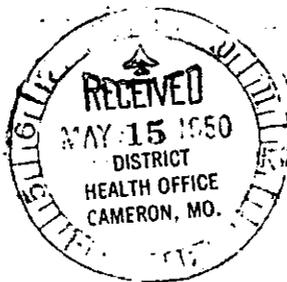
DATE REC'D BY LOCAL REG. <u>May 13 - 1950</u>	REGISTRAR'S SIGNATURE <u>Bess Bolt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>JAMA</u>	ADDRESS <u>Burl Jct Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

742

AUG 10 1960

VS APR 5 1960



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. 2965

P. O. Address Quail Hill

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.