

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3510

State File No. ....

FILED JAN 26 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 6141 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <b>SHELBY</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>MISSOURI</b> b. COUNTY <b>SHELBY</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL JACKSON TOWNSHIP</b>		c. LENGTH OF STAY (In this place) <b>15 YRS</b>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>HUNNEWELL MO RFD 2</b>			d. STREET ADDRESS (If rural, give location) <b>HUNNEWELL MO RFD. 2</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>MICHAEL</b> b. (Middle) <b>CORCORAN.</b> c. (Last) <b>CORCORAN.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JANUARY 6 1951</b>		
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>DECEMBER 8-1867</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months <b>29</b> Days _____ Hours _____ Mins. _____	IF UNDER 10 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>STATIONARY Fireman. RET.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>POWER PLANT</b>	11. BIRTHPLACE (State or foreign country) <b>Marion County Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>PATRICK CORCORAN.</b>	13b. MOTHER'S MAIDEN NAME <b>REBEKAH GAINES</b>	14. NAME OF HUSBAND OR WIFE <b>ELIZABETH CORCORAN.</b>
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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) <b>No.</b>	16. SOCIAL SECURITY NO. <b>None.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. F. M. Brown, Hunnewell, Mo</b>	ADDRESS <b>Hunnewell, Mo</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CHRONIC MYOCARDITIS</b>		INTERVAL BETWEEN ONSET AND DEATH <b>11 YEARS</b>
	ANTECEDENT CAUSES  Morbid conditions, if any, giving DUE TO (b) 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.		

19a. DATE OF OPERATION	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) (Min.)	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 JAN 4, 1951, to JAN 6, 1951, that I last saw the deceased alive on JAN 4, 1951, and that death occurred at 7:35 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>John H. Hobbs M.D.</b>	23b. ADDRESS <b>Monroe City Mo</b>	23c. DATE SIGNED <b>Jan 8, 1951</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-8-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>HOLY ROSARY Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>MONROE CITY, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Jan-11-51</b>	REGISTRAR'S SIGNATURE <b>Ada Garrison 419</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>WILSON &amp; SON</b>	ADDRESS <b>MONROE CITY MO</b>
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

1020

Date Received: JAN 15 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 1-51-146  
Date Filed: JAN 24 1951

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Leslie L. Wilson*

Signed.....  
Student Embalmer

Licensed Embalmer No.

*3014*

P. O. Address

*Henry City 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.