

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7318

State File No.

APR 8 1952

BIRTH NO.		REG. DIST. NO. 31		PRIMARY REG. DIST. NO. 5108		Registrar's No. 13	
1. PLACE OF DEATH a. COUNTY <u>Benton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Williams Twp</u>)		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Williamstownship</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>1 1/2 Mile East of Kora</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carl</u>		b. (Middle) <u>Herman</u>		c. (Last) <u>Cordes</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 2nd 1952</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 19th 1872</u>	
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>13</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Claus Cordes</u>			13b. MOTHER'S MAIDEN NAME <u>Metta Hobein</u>		14. NAME OF HUSBAND OR WIFE <u>Maria Cordes</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>Mrs Maris Cordes Cole Camp Mo</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>Uremia.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Heart Disease.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>Recurrent Carcinoma of the Lip and Neck.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 days.</u> <u>Over 2 years.</u> <u>2 years.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma was confirmed by tissues removed at several operations.</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None.</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) <u>Sedalia, Missouri.</u> (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>443 X H</u>			
22. I hereby certify that I attended the deceased from <u>over one year</u> , to <u>April 2nd, 1952</u> , that I last saw the deceased alive on <u>April 1st, 1952</u> , and that death occurred at <u>8 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Jno. B. Carlisle, M.D.</u>				23b. ADDRESS <u>Jno. B. Carlisle, M.D. Sedalia, Missouri.</u>		23c. DATE SIGNED <u>4-4-52.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 4th 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cole Camp Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Cole Camp, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Apr 4th 1952</u>		REGISTRAR'S SIGNATURE <u>E L Eichhoff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E L Eichhoff</u>		ADDRESS <u>Cole Camp Mo</u>	

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

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JAN 9 1948

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 E R Eickhoff.....

Licensed Embalmer No. 730.....

P. O. Address Cole Camp 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.