

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **19495**  
 Registrar's No. **697**

FILED JUL 5 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>buchanan 0117</b>	
b. CITY OR TOWN <b>St. Joseph</b>	c. LENGTH OF STAY (in this place) <b>4 days</b>	c. CITY OR TOWN <b>St. Joseph</b>	d. STREET ADDRESS (If rural, give location) <b>110 N. 24th Street</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b> b. (Middle) <b>Ivan</b> c. (Last) <b>McCord</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 30, 1952</b>				
5. SEX <b>male 0</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married /</b>	8. DATE OF BIRTH <b>Aug. 15, 1906</b>	9. AGE (In years last birthday) <b>45</b>	# UNDER 1 YEAR Months	# UNDER 1 HR. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mechanic</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Automobile Industry</b>		11. BIRTHPLACE (State or foreign country) <b>Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>George C. McCord</b>		13b. MOTHER'S MAIDEN NAME <b>Elnore Morrison</b>		14. NAME OF HUSBAND OR WIFE <b>Harriet Ruth McCord</b>			
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>unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. G. I. McCord</b>		ADDRESS <b>110 N. 24, St. Joseph, Mo.</b>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<b>PANCREATITIS, SUBACUTE</b>				<b>2 WEEKS</b>	
ANTECEDENT CAUSES		DUE TO (b)				?	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<b>CARCINOMA OF HEAD OF PANCREAS WITH ABSCESS FORMATION</b>				<b>2 DAYS</b>	
		<b>INFARCT OF BRAIN</b>				<b>2 WEEKS</b>	
		<b>INTERNAL HYDROCEPHALUS</b>					
		<b>CHRONIC NEPHRITIS WITH HYPERTENSION</b>				<b>8 YRS.</b>	
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 checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) <b>157X</b>	
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?	

22. I hereby certify that I attended the deceased from **6-4, 1952** to **6-30, 1952** that I last saw the deceased alive on **6-29, 1952** and that death occurred at **7:07A m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>		(Degree or title)		23b. ADDRESS <b>M. D. 706 Francis St. Joseph Mo</b>		23c. DATE SIGNED <b>6-30-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>7/1/1952</b>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>Marshalltown, Iowa</b>	

DATE REC'D BY LOCAL REG. <b>July 3, 1952</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Heaton-Bowman Funeral Home</b>		ADDRESS <b>St. Joseph, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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*Wm. F. W. Carle*

VS MAY 24 1968

OCT 1 1955

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 *William Spelling* .....

Licensed Embalmer No. *4535* .....

P. O. Address *3195 10th St. W. Wash. D.C.* .....

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.