

FILED AUG 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26857

State File No.

BIRTH NO. _____		REG. DIST. NO. 330	PRIMARY REG. DIST. NO. 6112B	Registrar's No. 15
1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY Dunklin 0351
b. CITY OR TOWN Illmo		c. LENGTH OF STAY (in this place) 6 wks	c. CITY OR TOWN Malden	
d. FULL NAME OF HOSPITAL OR INSTITUTION E. Corder home		d. STREET ADDRESS (If rural, give location) --		
3. NAME OF DECEASED (Type or Print) ELIZABETH		a. (First) (NMI)	b. (Middle) CORDER	c. (Last) CORDER
4. DATE OF DEATH Aug 11, 1952		4. DATE OF DEATH (Month) (Day) (Year)		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 11, 1862	9. AGE (In years last birthday) 90
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY ----	11. BIRTHPLACE (State or foreign country) Cadiz, Kentucky	12. CITIZEN OF WHAT COUNTRY? US
13a. FATHER'S NAME Husk		13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE James Martin Corder	
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 Ernest Corder	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Chronic myocarditis <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		INTERVAL BETWEEN ONSET AND DEATH 1 yr
		ANTECEDENT CAUSES Shok from fractured hip		
		Morbid 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.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 035		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 Jul 1, 1951 , to Aug. 11, 1952 , that I last saw the deceased alive on Aug. 10, 1952 , and that death occurred at 6-15 A. m., from the causes and on the date stated above.				
23a. SIGNATURE [Signature]		23b. ADDRESS Illmo, Mo.		23c. DATE SIGNED 8-11-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 13, 1952	24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	24d. LOCATION (City, town, or county) (State) Malden, Missouri
DATE REC'D BY LOCAL REG. 8-11-52		REGISTRAR'S SIGNATURE [Signature]		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Basinghoff Chapel Home Illmo, Mo.

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

RECEIVED 8-12-52
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 852-245

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 Oliver C. Amick

Licensed Embalmer No. 4470

P. O. Address Illmo, 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.