

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

32260

State File No.

No. 366
10.48

Hamlin
SEP 24 1952

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **291**

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

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) Palmyra	
c. LENGTH OF STAY (In this place) 1 hr.		d. STREET ADDRESS (If rural, give location) 1640	
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Katie b. (Middle) Cordes c. (Last) Cordes			4. DATE OF DEATH (Month) (Day) (Year) Aug. 29 1952		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 21 1878		9. AGE (In years last birthday) 73		10. UNDER 1 YEAR (Hours) (Days) (Months) (Years)		11. UNDER 24 HRS. (Hours) (Days) (Months) (Years)	
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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) Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
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13a. FATHER'S NAME Henry Schmidt			13b. MOTHER'S MAIDEN NAME Kate Traubolt			14. NAME OF HUSBAND OR WIFE Louis Cordes		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. Carrie Gottman				ADDRESS Palmyra Mo.			
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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 4 hours	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction									
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUPLICATE Heart Disease									
		DUPLICATE (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 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) Palmyra Mo.			
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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 29 Aug, 1952, to 29 Aug, 1952, that I last saw the deceased alive on 29 Aug, 1952, and that death occurred at 2 A m., from the causes and on the date stated above.

23a. SIGNATURE <i>Wgetz Hamlin</i>			(Degree or title) M.D.			23b. ADDRESS Palmyra Mo.			23c. DATE SIGNED 9 Sept 1952		
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24a. BURIAL (CREMATION, REMOVAL) (Specify) Burial		24b. DATE 9/1/52		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cem.		24d. LOCATION (City, town, or county) (State) Palmyra Mo.			
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DATE REC'D BY LOCAL REG. 9-12-52		REGISTRAR'S SIGNATURE <i>Dr. E. M. Lucke</i>			25. FUNERAL DIRECTOR'S SIGNATURE <i>E. J. Spurgeon</i>			ADDRESS Palmyra Mo.		
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

SEP 22 1952

MARION CO. HEALTH DEPT.

DATE FILED

SEP 22 1952

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

C. J. Sprague

Licensed Embalmer No. 3245

P. O. Address Palmyra 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.