

STANDARD CERTIFICATE OF DEATH

State File No. **41934**

FILED DEC 24 1952

BIRTH NO. _____ REG. DIST. NO. **104** PRIMARY REG. DIST. NO. **5418** Registrar's No. **48**

1. PLACE OF DEATH a. COUNTY Stoddard Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) Rural: Otter Hill		c. CITY (If outside corporate limits, write RURAL and give township) Rural 0350	
c. LENGTH OF STAY (In this place) 73 yrs		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION at home			

3. NAME OF DECEASED (Type or Print) Burley		a. (First) Burley	b. (Middle) Corder	c. (Last) Corder	4. DATE OF DEATH (Month) (Day) (Year) Nov - 2 - 1952		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Jan - 21 - 1879	9. AGE (In years last birthday) 73-9-11		10. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY ←		11. BIRTHPLACE (State or foreign country) Dunklin Co. Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James M. Corder			13b. MOTHER'S MAIDEN NAME Bettie Husk		14. NAME OF HUSBAND OR WIFE Vella 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. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Vella Corder - Malden Mo			

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 7 hrs	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massetel. Celled.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) Stroke of aortic aorta	
		DUE TO (c) in bed 3 yrs 1 month.				
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 352X			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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Sept 1949** to **Nov 2, 1952**, that I last saw the deceased alive on **Nov 2, 1952** and that death occurred at **10:30 P.M.** from the causes and on the date stated above.

23a. SIGNATURE (Type or Print) J. O. Ackton		23b. ADDRESS Malden Mo		23c. DATE SIGNED Nov 3/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 5-1952		24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	
24d. LOCATION (City, town, or county) (State) Malden Mo		25. FUNERAL DIRECTOR'S SIGNATURE Thomas E. Knight		ADDRESS Malden Mo	
DATE REC'D BY LOCAL REG. 12/13/52		REGISTRAR'S SIGNATURE J. Dr. Schuman		97-1	

(Licensed Embalmer's Statement on Reverse Side)

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

6350

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RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT.....12-15-52.....
COUNTY FILE NUMBER 1252375.....

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 *Thomas E. Wright*.....

Licensed Embalmer No. *2189*.....

P. O. Address *Malden, Mass*.....

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.