

STANDARD CERTIFICATE OF DEATH 304 State File No.

FILED FEB 25 1954

BIRTH NO. REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725 Registrar's No. 1705

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u> '0611	
c. LENGTH OF STAY (in this place) <u>19y13.</u>		d. STREET ADDRESS (If rural, give location) <u>1136 N. Rutherford</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. State Highway Bldg.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u> b. (Middle) <u>Roscoe</u> c. (Last) <u>Corman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 2, 1954</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>Sept. 6, 1889</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
--------------------	-------------------------------	---	---------------------------------------	---	-----------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mo. Highway Dept.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Clerical</u>	11. BIRTHPLACE (State or foreign country) <u>Keosauqua County, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	---	--

13a. FATHER'S NAME <u>Joseph Corman</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Graves</u>	14. NAME OF HUSBAND OR WIFE <u>Pauline J. Corman</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>486-38-6974</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Pauline J. Corman</u>	ADDRESS <u>Macon, Mo.</u>
--	--	--	---------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Cerebral Hemorrhage.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Inst.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Unknown.</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>No Record of Hypertension.</u>		

19. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 (Month) (Day) (Year) (Hour) <u>Feb 2, 1954 1:30 P.M.</u>	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lester Dutton Coroner</u>	23b. ADDRESS <u>Macon Mo.</u>	23c. DATE SIGNED <u>Feb. 2, 1954</u>
---	-------------------------------	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 5, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lewistown</u>	24d. LOCATION (City, town, or county) (State) <u>Lewistown, Mo.</u>
---	------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>Feb. 23, 1954</u>	REGISTRAR'S SIGNATURE <u>McRaley</u>	1750	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lester Dutton</u>	ADDRESS <u>Macon, Mo</u>
---	--------------------------------------	------	---	--------------------------

SEP 11 1958

FEB 28 1959

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 Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon 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.