. No. 300
. 10.48

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

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19871

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 244

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia
c. LENGTH OF STAY (In this place): 5 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bothwell Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Benton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Williams Township 0080
d. STREET ADDRESS (If rural, give location): Mora Mo 1

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle): Katherine
c. (Last): Cordes

4. DATE OF DEATH (Month) (Day) (Year): July 8th 1954

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Feb 18th 1906
9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months 4, Days 19 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (City and State or Foreign Country): Mora Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Chrales Cordes
13b. MOTHER'S MAIDEN NAME: Mary Renken
14. NAME OF HUSBAND OR WIFE: ---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs Mary Cordes — ADDRESS: Mora Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Lymphatic Leukemia.- June 2nd, 1954.

ANTECEDENT CAUSES — *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.*: Infected Teeth ?

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: None. Medical only. 2040
20. AUTOPSY? No. YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None.
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): None. m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 30th, 1954, *to* July 8th, 1954, *that I last saw the deceased alive on* July 7th, 1954, *and that death occurred at* 4.05 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jno. B. Carlisle, M.D. — Jno. B. Carlisle M.D.
23b. ADDRESS: Sedalia, Missouri. July 10th, 1954
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 11, 1954
24c. NAME OF CEMETERY OR CREMATORY: Cole Camp Memorial
24d. LOCATION (City, town, or county) (State): Cole Camp Missouri

DATE REC'D BY LOCAL REG.: 7-10-54
REGISTRAR'S SIGNATURE: Lavina Coontz Deputy 251-4
25. FUNERAL DIRECTOR'S SIGNATURE: E L Eickhoff
ADDRESS: Cole Camp Mo

(Licensed Embalmer's Statement on Reverse Side)

SEP 10 1954

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 E L Eickhoff

Licensed Embalmer No. 730 790

P. O. Address Cole Camp 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.