

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22662**

BIRTH NO. _____ REG. DIST. NO. **120** PRIMARY REG. DIST. NO. **5448** Registrar's No. **73**

1. PLACE OF DEATH a. COUNTY Gentry Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Gentry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN King City R.R. Jackson Twns.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stanberry R.R. Cooper Twns.	
d. FULL NAME OF HOSPITAL OR INSTITUTION S.E. Sarr home.		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)
a. (First) **John** b. (Middle) **M.** c. (Last) **Corley**

4. DATE OF DEATH (Month) (Day) (Year)
7.16.1954.

5. SEX **male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married**

8. DATE OF BIRTH **10.7.1869** 9. AGE (In years last birthday) **84** IF UNDER 1 YEAR Months **9** Days **9** IF UNDER 1 MEE. Hours **9** Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **farmer**

10b. KIND OF BUSINESS OR INDUSTRY **farmer**

11. BIRTHPLACE (State or foreign country) **Nodiway Co. Mo**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **William F. Corley** 13b. MOTHER'S MAIDEN NAME **Julia A. Markley** 14. NAME OF HUSBAND OR WIFE **Zerrilda E. Corley**

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 ADDRESS **Mrs. S.E. Sarr. King City Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Chronic Myocarditis**

ANTECEDENT CAUSES (b) **Arteriosclerosis**

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c) **Hypostatic pneumonia**

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 **4221**

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **July 10, 1954** to **7.16.1954**, that I last saw the deceased alive on **July 10, 1954** and that death occurred at **2:30A.M.** from the causes and on the date stated above.

23a. SIGNATURE **Jack Baines** (Degree or title) **D.V.M.** 23b. ADDRESS **King City Mo** 23c. DATE SIGNED **7.17.54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **7.18.1954** 24c. NAME OF CEMETERY OR CREMATORY **Highridge** 24d. LOCATION (City, town, or county) (State) **Stanberry Mo.**

DATE REC'D BY LOCAL REG. **July 19-54** REGISTRAR'S SIGNATURE **Maudie Williams** 462 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **R. H. Pappas King City Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

0280

0280

JUL 27 1937

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 R. G. Taggart

Licensed Embalmer No. 2563

P. O. Address King City 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.