

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29675

State File No. ....

FILED AUG 17 1954

No. 300  
10.48

BIRTH NO. _____		REG. DIST. NO. <u>378</u>		PRIMARY REG. DIST. NO. <u>4552</u>		Registrar's No. <u>43</u>	
1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence, _____) a. STATE <u>MO</u> b. COUNTY <u>Wright</u>			
b. CITY OR TOWN <u>MTN GROVE</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>mtn grove</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>1141</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Wesley</u> c. (Last) <u>Corder</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 31, 1954</u>				
5. SEX <u>Male</u>		6. COLOR OF RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>May 31, 1884</u>	
9. AGE (In years last birthday) <u>70</u>		10. MONTHS <u>2</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Wright Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)	
<u>Retired Farmer</u>				<u>Wright Co. Mo.</u>		<u>U.S.</u>	
13a. FATHER'S NAME <u>James Corder</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Watson</u>			14. NAME OF HUSBAND OR WIFE <u>Monona Corder</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Monona Corder mtn grove</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 Hour</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u>					
		DUE TO (c) <u>Chronic Myocarditis</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>					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) (Min.)		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 <u>January 1951</u> to <u>July 31, 1954</u> , that I last saw the deceased alive on <u>July 31, 1954</u> , and that death occurred at <u>3:10 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Richard C. Mitchell M.D.</u>				23b. ADDRESS <u>Mtn. Grove, Mo.</u>		23c. DATE SIGNED <u>8/3/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Aug 4, 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green mtn</u>		24d. LOCATION (City, town, or county) (State) <u>Wright Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-7-54</u>		REGISTRAR'S SIGNATURE <u>A.B. Omer</u> <u>3480</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Maule-Wright mtn grove</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

White  
 County File Number 854-74  
 Date Filed 8-16-54

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.....  
 Signature of Student Embalmer

Signed *Frank Noble*

Licensed Embalmer No. 418

P. O. Address *Sutro Gap*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
 If this body is not embalmed, fact should be so stated above.