

FILED DEC 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40403

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3612 Registrar's No. 120

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN EXCELSIOR SPRINGS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Excelsior Springs,	
c. LENGTH OF STAY (in this place) all life		d. STREET ADDRESS (If rural, give location) Home Wood Addition	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Home Wood Addition, Ex. Spgs			

3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) D. c. (Last) McCORKLE	4. DATE OF DEATH (Month) (Day) (Year) NOV. 23, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH f Feb. 22, 1877	9. AGE (In years last birthday) 77	10. MONTH 9	11. DAY 1	12. HOUR 6:00	13. MIN. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Park Custodian, City of Ex. Spgs. MO.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Excelsior Springs, MO.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Robert McCorkle	13b. MOTHER'S MAIDEN NAME Julia Hubbard	14. NAME OF HUSBAND OR WIFE Mattie Smith McCorkle
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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. 489-30-1473	17. INFORMANT'S SIGNATURE OR NAME Mattie McCorkle	17. ADDRESS HomeWood Add. Ex. Sp
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		INTERVAL BETWEEN ONSET AND DEATH 10 days year 3 months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
	DUE TO (c) Cerebral Thrombosis		
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 332X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **7-25**, 19**53**, to **23 Nov**, 19**54**, that I last saw the deceased alive on **11-21**, 19**54**, and that death occurred at **11:30** a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Beauregard P. Thomas	23b. ADDRESS Excelsior Springs MO	23c. DATE SIGNED 11/24/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 26, 1954	24c. NAME OF CEMETERY OR CREMATORY Salem Cemetery	24d. LOCATION (City, town, or county) (State) North Ex. Spgs. Clay, MO.
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DATE REC'D BY LOCAL REG. 12/27/54	REGISTRAR'S SIGNATURE Caroline Hutchings	25. FUNERAL DIRECTOR'S SIGNATURE Hope Funeral Home	ADDRESS Ex. Spgs. MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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, James A. Moles

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

James A. Moles

Licensed Embalmer No.

3296

P. O. Address

Excelsior Spgs

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.