

FILED FEB 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4395

State File No.

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 16

352

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

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kennett</u>		c. LENGTH OF STAY (In this place) <u>1 1/2 Mo.</u>	c. CITY OR TOWN <u>Campbell, MO</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>104 S. Anthony</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>0350</u>			
3. NAME OF DECEASED a. (First) <u>ROBERT</u> b. (Middle) <u>JESSE</u> c. (Last) <u>McCORKLE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 31, 1955</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>Feb. 18, 1880</u>
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>13</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Optometrist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Y</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Yorkville, Tenn.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Joe S. McCorkle</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Frazier</u>	14. NAME OF HUSBAND OR WIFE <u>Vallie McCorkle</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Cecil Anthony, Kennett, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mania</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Apoplexy</u> DUE TO (c) _____ 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 _____	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) <u>334X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>1-8</u> , 19 <u>55</u> , to <u>1-31</u> , 19 <u>55</u> that I last saw the deceased alive on <u>1-30</u> , 19 <u>55</u> , and that death occurred at <u>1:05P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Paul Boldwin M.D.</u>		23b. ADDRESS <u>Kennett MO</u>	23c. DATE SIGNED <u>2-7-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 3, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Campbell Missouri</u>			
DATE REC'D BY LOCAL REG. <u>2-10-55</u>		REGISTRAR'S SIGNATURE <u>Paul Husband</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Landess Funeral Home, Campbell, Mo.</u>

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 2-14-55

COUNTY FILE NUMBER 2-65

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 *Christina M. Landess*

Licensed Embalmer No. 422

P. O. Address *Campbell*

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.