

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 31 1955

BIRTH NO.		REG. DIST. NO. <u>73</u>		PRIMARY REG. DIST. NO. <u>6291</u>		Registrar's No. <u>39</u>	
1. PLACE OF DEATH a. COUNTY <u>CLAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>RURAL Liberty</u>)		c. LENGTH OF STAY (in this place) <u>6 yrs</u>		c. CITY <u>RURAL, KEARNEY</u> OR TOWN <u>LIBERTY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>CLAY COUNTY HOME</u>				f. STREET ADDRESS (If rural, give location) <u>5 MILES N. LIBERTY, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CORDELIA</u>			b. (Middle) <u>MICHEL'S</u>			c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 18 1955</u>		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>UNIK</u>		9. AGE (In years last birthday) <u>89</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>UNIK</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>UNIK</u>			13b. MOTHER'S MAIDEN NAME <u>UNIK</u>			14. NAME OF HUSBAND OR WIFE <u>WILLIAM A. MICHEL'S</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> No		16. SOCIAL SECURITY NO. <u>UNIK</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CLAY COUNTY HOME RECORDS</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>Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Fracture left hip</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 mos</u>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 1955</u> a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>she fell</u>			
22. I hereby certify that I attended the deceased from _____, 19 <u>55</u> , to <u>May</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>May 18 1955</u> , and that death occurred at <u>4:30 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm. G. Goodson M.D.</u>				23b. ADDRESS <u>Liberty Mo</u>		23c. DATE SIGNED <u>5/20/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>5-18-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CROWN HILL</u>		24d. LOCATION (City, town, or county) (State) <u>EXCELSIOR SPRINGS, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 28, 1955</u>		REGISTRAR'S SIGNATURE <u>Mabel Strahan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clarence Richard</u>		ADDRESS <u>Excelsior Springs Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Linda Jarman*

Licensed Embalmer No. *45*
P.O. Address *Excelsior Springs*

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.