

FILED JUN 14 1955

## STANDARD CERTIFICATE OF DEATH

State File No. ....

17393

BIRTH NO. _____		REG. DIST. NO. <u>314</u>		PRIMARY REG. DIST. NO. <u>3012</u>		Registrar's No. <u>95</u>			
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Marshall</u>		c. LENGTH OF STAY (In this place) <u>4 weeks</u>		c. CITY OR TOWN <u>Marshall</u>		d. Residence within limits of city or incorporated town? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fitzgibbon hospital</u>				e. STREET ADDRESS (If rural, give location) <u>864 South Lafayette</u> <u>0915</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Elmer</u>		b. (Middle) <u>Lee</u>		c. (Last) <u>McCorkle</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>Oct. 13th, 1890</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Proprietor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bottling Co.</u>		9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>22</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>Edgerton, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William A. McCorkle</u>		13b. MOTHER'S MAIDEN NAME <u>Effie F. Eizarnon</u>			
13c. NAME OF HUSBAND OR WIFE <u>Ethel McCorkle</u>		14. NAME OF HUSBAND OR WIFE <u>Ethel 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>487-09-2057</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs E.L. McCorkle, Marshall, Mo.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs E.L. McCorkle, Marshall, Mo.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs E.L. McCorkle, Marshall, Mo.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs E.L. McCorkle, Marshall, 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>internal hemorrhage due to pyogenic infection</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>metastatic ca. liver</u> DUE TO (c) <u>ca mid portion of pancreas.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>157 X</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>metastatic lesions in liver. Large orange sized mass in mid-pancreas.</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>7-26</u> <u>1955</u> , to <u>5 June, 1955</u> , that I last saw the deceased alive on <u>4 June 1955</u> , and that death occurred at <u>5-15A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Ralph H. Jones</u>				23b. ADDRESS <u>M.D. Marshall, Mo.</u>		23c. DATE SIGNED <u>6-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>June 7, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Marshall, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>6-6-1955</u>		REGISTRAR'S SIGNATURE <u>Cecil D. Reed</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Deputy Campbell-Lewis</u>		ADDRESS <u>MARSHALL, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 14 1954

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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 *James H. Lewis*.....

Licensed Embalmer No. *4709*

P. O. Address *Marshall*

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.