

FILED JAN 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1991

State File No.

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY MARION			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MONROE		
b. CITY (If outside corporate limits, write RURAL and give township) HANNIBAL		c. LENGTH OF STAY (In this place) 1 HOUR	c. CITY OR TOWN MONROE CITY		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION ST ELIZABETH HOSPITAL			STREET ADDRESS (If rural, give location) 518 South Locust St.		
3. NAME OF DECEASED (Type or Print)	a. (First) MAUDE	b. (Middle) DESSA	c. (Last) CORD	4. DATE OF DEATH (Month) (Day) (Year) JAN 9, 1956	
5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH DECEMBER 30, 1890	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) MONROE CITY MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME THOMAS CORD		13b. MOTHER'S MAIDEN NAME ELLEN FUGGET		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs Thomas Mitchell Davenport, Iowa</i>		ADDRESS	
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE			INTERVAL BETWEEN ONSET AND DEATH 18 MONTHS	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIO-SCLEROSIS			15 YEARS	
	DUE TO (c)				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331x				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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>APR 20, 1922</u> , to <u>JAN 9, 1956</u> , that I last saw the deceased alive on <u>JAN 9, 1956</u> , and that death occurred at <u>1 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Frank T. M.D.</i>			(Degree or title)	23b. ADDRESS <i>Monroe, Mo</i>	23c. DATE SIGNED <i>Jan 10, 56</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1-11-56	24c. NAME OF CEMETERY OR CREMATORY ST JUDES CEMETERY	24d. LOCATION (City, town, or county) (State) MONROE CITY, MISSOURI		
DATE REC'D BY LOCAL REG. 1-11-56	REGISTRAR'S SIGNATURE <i>Dr. E.M. Lucke By W. Fisher</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Wilson & Son's Monroe ESTD 1920</i>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED Jul 19 1958
MARION CO. HEALTH DEPT.
DATE FILED Jul 19 1958

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 *Leslie L. Spilner*.....

Licensed Embalmer No. *3019*

P. O. Address *Marion City*

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.