

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10129

State File No. \_\_\_\_\_

FILED MAR 19 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>LOUISIANA</u>		c. CITY OR TOWN <u>LOUISIANA</u>	
c. LENGTH OF STAY (in this place) <u>20 YRS</u>		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 <u>PIKE COUNTY HOSPITAL</u>		STREET ADDRESS (If rural, give location) <u>2620 GEORGIA ST</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EVELYN</u> b. (Middle) <u>LEOTA</u> c. (Last) <u>CORDES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 9, 1956</u>		
5. SEX <u>FEMALE</u>		6. COLOR OF RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>OCT 21, 1911</u>		9. AGE (In years last birthday) <u>44</u>		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>PLEASANT HILL, ILL</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>HARRY STONE</u>		13b. MOTHER'S MAIDEN NAME <u>GRACE SMITH</u>		14. NAME OF HUSBAND OR WIFE <u>ALBERT CORDES</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-05-3501</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Albert Cordes, Louisiana, Mo</u>	
				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, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Metastatic Carcinoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mths.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Primary carcinoma of Sigmoid</u>		<u>2 yrs plus</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 <u>6/23/53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of sigmoid</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) <u>153X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from 6-3, 1952, to 3-9, 1956, that I last saw the deceased alive on 3-8, 1956, and that death occurred at 7:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Louisiana, Missouri</u>		23c. DATE SIGNED <u>3-9-56</u>	
24a. FUNERAL CREMATION REMOVAL (Specify) <u>Survival</u>		24b. DATE <u>March 11, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LOUISIANA MEMORIAL GARDENS - LOUISIANA, MO.</u>	
24d. LOCATION (City, town, or county) (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. M. Collier, Louisiana, Mo</u>			
DATE RECD BY LOCAL REG. <u>March 11, 1956</u>		REGISTRAR'S SIGNATURE <u>Bernice Collier</u>		ADDRESS _____	

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 *Geo. M. Collier*.....

Licensed Embalmer No. *38*.....

P. O. Address *Louisiana*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.