

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30835

FILED OCT 3 1956

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1097

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

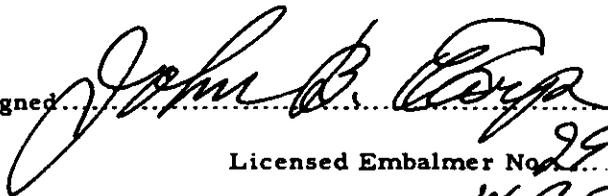
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY Phillips			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN AGRA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINIS-			Length of stay in lb 34 DAYS		d. STREET ADDRESS none		(If outside, give location) 8139 Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) CLYDE				Middle MERLE		Last MC CORD	
4. DATE OF DEATH Month September Day 17 Year 1956		5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH September 20, 1895 60		9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0		IF UNDER 24 HRS. Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail Carrier			10b. KIND OF BUSINESS OR INDUSTRY Government		11. BIRTHPLACE (City and state or country) Aggra, Kansas		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Franklin W. McCord				14. MOTHER'S MAIDEN NAME Mary M. Kepley			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I			16. SOCIAL SECURITY NO. 514-05-3124		17. INFORMANT Official VA Hospital, Records, K. C. Mo. Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary edema							INTERVAL BETWEEN ONSET AND DEATH days
DUE TO (b) Hypertensive heart disease							7 years
DUE TO (c) _____							443x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a).							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from August 14, 1956 to September 17, 1956 . Death occurred at 11:25 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Irwin Joffe, M.D.				(Degree or title) 0		22b. ADDRESS VA Hospital 4801 Linwood Blvd. Kansas City, Mo.	
22c. DATE SIGNED 9-18-56							
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9/18/56		23c. NAME OF CEMETERY OR CREMATORY Aggra Cemetery		23d. LOCATION (City, town, or county) (State) Aggra, Kansas	
24. FUNERAL DIRECTOR Earp & Sons				ADDRESS 4139 Truman Rd. K.C., Mo.		25. DATE RECD. BY LOCAL REG. 9-18-56	
		26. REGISTRAR'S SIGNATURE Neve Marshall					

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.....


Licensed Embalmer No. 293

P. O. Address: H.C. 9m

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.