

FILED NOV 5 - 1956

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33171**

1152

BIRTH NO. _____		REG. DIST. NO. <b>42</b>		PRIMARY REG. DIST. NO. <b>1000</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>			
b. CITY OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (If this place) <b>50 yrs</b>		c. CITY OR TOWN <b>St. Joseph</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>921 North 13th St.</b>				e. STREET ADDRESS (If rural, give location) <b>921 North 13th St. 01170</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>John</b>		b. (Middle) <b>Joseph</b>		c. (Last) <b>Corcoran</b>	
4. DATE OF DEATH		(Month) <b>Oct.</b> (Day) <b>24,</b> (Year) <b>1956</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Aug. 19, 1865</b>	
9. AGE (In years last birthday) <b>91</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during or prior to working life, even if retired) <b>Ret. (20) Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>C.E. &amp; Q. R.R.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Gentry Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John Corcoran</b>		13b. MOTHER'S MAIDEN NAME <b>Not Known</b>		14. NAME OF HUSBAND OR WIFE <b>Helen</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>John Corcoran</b> ADDRESS <b>921 N 13th City</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, athenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of stomach</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>6 mo</b>	
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)		<b>151X</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 <b>Aug 1956</b> , to <b>10-24, 1956</b> , that I last saw the deceased alive on <b>10-21, 1956</b> , and that death occurred at <b>3:30 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Clarence P. Gorman M.D.</b>				23b. ADDRESS <b>St Joseph Mo</b>		23c. DATE SIGNED <b>10-26-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-27-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Oct. 30, 1956</b>		REGISTRAR'S SIGNATURE <b>Cathryn M. Allison</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Norman W. Eidenfaden</b>		ADDRESS <b>St Joseph Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
*Robert H. Gable*

Licensed Embalmer No. 3308.....

P. O. Address St. Joseph, M.....

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.