

FILED OCT 24 1956

STANDARD CERTIFICATE OF DEATH

State File No. 36622

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2332

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

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1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Manchester		c. LENGTH OF STAY (in this place) 2 mos.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Manchester Nursing Home		e. STREET ADDRESS (If rural, give location) 0729	
3. NAME OF DECEASED (Type or Print) a. (First) Della b. (Middle) Corkran c. (Last) Corkran			4. DATE OF DEATH (Month) (Day) (Year) 10 - 2 - 56
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Dec. 9, 1880
9. AGE (In years last birthday) 75		10. IF UNDER 1 YEAR Days	11. IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pensioner		10b. KIND OF BUSINESS OR INDUSTRY -unk.	11. BIRTHPLACE (City and State or Foreign Country) Hartsville, Illinois
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Payton Coats	
13b. MOTHER'S MAIDEN NAME Katherine Hart		14. NAME OF HUSBAND OR WIFE ----- Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Harry Tope, Lilbourn, Mo.		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.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC MYOCARDITIS		INTERVAL BETWEEN ONSET AND DEATH ?	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIO SCLEROSIS		?	
DUE TO (c) SENILITY			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE			
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION -	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4221	
21a. ACCIDENT (Specify) NONE		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) 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 AUG 28, 1956 , to OCT 2, 1956 , that I last saw the deceased alive on OCT. 2, 1956 , and that death occurred at 1:20 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE B. R. Loring M. D.		23b. ADDRESS BALLWIN, Mo.	
23c. DATE SIGNED 10-2-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Oct. 5, 1956	
24c. NAME OF CEMETERY OR CREMATORY Evergreen Cem.		24d. LOCATION (City, town, or county) (State) New Madrid, Mo.	
DATE REC'D BY LOCAL REG. 10-3-56		REGISTRAR'S SIGNATURE Dorbert B. Donahue	
25. FUNERAL DIRECTOR'S SIGNATURE Schrader Funeral Home, Ballwin, Mo.		ADDRESS	

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 *Richard M. Bopp*.....

Licensed Embalmer No. *458*.....

P. O. Address *Ballwin*.....

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.