

STANDARD CERTIFICATE OF DEATH

State File No. **7560**

FILED APR 1 - 1957

4039

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BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Benton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>mo</u> b. COUNTY <u>Benton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lincoln</u>		c. LENGTH OF STAY (in this place) <u>7 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lincoln</u>		00800	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 block N, & 1/2 block E 7th Ave Bank</u>				d. STREET ADDRESS (If rural, give location) <u>1 block N and 1/2 block E 7th Ave Bank</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Margarette</u> b. (Middle) <u>Katharine</u> c. (Last) <u>Cordes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>mar 23 1957</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (See 15) <u>widowed</u>		8. DATE OF BIRTH <u>April 9, 1877</u>	
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>14</u>		IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>			
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 (State or foreign country) <u>Benton County mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Henry Kenken</u>			13b. MOTHER'S MAIDEN NAME <u>meta oelrichs</u>		14. NAME OF HUSBAND OR WIFE <u>John Cordes (Deceased)</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>miss Emil meyer</u>			
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					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure</u>		DUE TO (b) <u>Coronary Thrombotic embolism</u>					<u>5 minutes</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (c) <u>Arteriosclerosis</u>		DUE TO (b) <u>infarction</u>					<u>5 to 10 minutes</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>							<u>5 yrs.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</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)			
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>June</u> , 1955, to <u>Mar 23</u> , 1957, that I last saw the deceased alive on <u>Mar 23</u> , 1957, and that death occurred at <u>8:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>T. R. McBee D. O.</u>				23b. ADDRESS <u>Box 13 Lincoln mo.</u>		23c. DATE SIGNED <u>3-25-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>mar 25, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lake View Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Benton County mo</u>	
DATE REC'D BY LOCAL REG. <u>3/25/57</u>		REGISTRAR'S SIGNATURE <u>E. J. Eickhoff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred Davis & Son</u>		ADDRESS <u>Lincoln</u>	

(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
Student Embalmer

Signed

James R. Seaman

Licensed Embalmer No. 4880

P. O. Address Verona, Mo.

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 this body is not embalmed, fact should be so stated above.