

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 0 17 5 1.2

State File No.

FILED JUN 13 1957

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

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5572</u>		Registrar's No. <u>111</u>			
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>					
b. CITY OR TOWN <u>RURAL - PRATEE</u>		c. LENGTH OF STAY (in this place) <u>6 days</u>		c. CITY OR TOWN <u>BUCKNER</u>		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 <u>JACKSON County Hosp.</u>				f. STREET ADDRESS (If rural, give location) <u>Central St. 7000</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>OLA H.</u>			b. (Middle) _____		c. (Last) <u>CORDRY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 26 1957</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never MARRIED</u>		8. DATE OF BIRTH <u>Nov 9, 1890</u>	9. AGE (In years last birthday) <u>66</u>	if UNDER 1 YEAR Months <u>6</u> Days <u>17</u>	if UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hooper Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>George Newman Cordry</u>			13b. MOTHER'S MAIDEN NAME <u>Alice Woolery</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Records of Ja. County Name</u>		ADDRESS <u>Lee's Summit Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis - general.</u> 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>2</u> 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) (Min.)		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>5-20</u> , 19 <u>57</u> , to <u>5-26</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>5-26</u> , 19 <u>57</u> , and that death occurred at <u>8:00</u> a. m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Phil Japer M.D.</u>				23b. ADDRESS <u>Lee's Summit, Mo</u>		23c. DATE SIGNED <u>5-26-57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 27, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Buckner Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Buckner, Missouri</u>			
DATE REC'D BY LOCAL HEALTH DEPT. <u>6-3-1957</u>		REGISTRAR'S SIGNATURE <u>M. B. Longford</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne H. Reppert</u>		ADDRESS <u>Buckner, Mo.</u>			

JUN 13 1957

JUN 11 1957

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 *Ralph C. Jones*.....
Licensed Embalmer No. *460*.....
P. O. Address *Chesapeake, Md*.....

**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.**