

FILED JUL 5 1957

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

20096

STATE FILE NUMBER

 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 702

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
a. COUNTY <u>BUCHANAN</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. JOSEPH</u>		c. CITY OR TOWN <u>WATHENA</u>		d. STREET ADDRESS <u>---</u> (If outside, give location)		
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Length of stay in 1b <u>2 WEEKS</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH				
First <u>MARY</u> Middle <u>JANE</u> Last <u>CORDONIER</u>				Month <u>JUNE</u> Day <u>25</u> Year <u>1957</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov. 11, 1860</u>		
9. AGE (In years last birthday) <u>96</u>		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>		IF UNDER 24 HRS. Hours <u>  </u> Min. <u>  </u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (City and state or country) <u>WATHENA, KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>OLIVER CULLUM</u>				14. MOTHER'S MAIDEN NAME <u>MARY GEORGE</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 Address <u>A.E. CORDONIER M.D. TROY, KANSAS</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac stimpfstell</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Malnutrition; Fecal impaction; Acute pyelonephritis</u>							INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u> <u>years</u> <u>years</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of Form 18.) <u>4200</u>					
20c. TIME OF INJURY Hour <u>  </u> Month <u>  </u> Day <u>  </u> Year <u>  </u> a. m. <u>  </u> p. m. <u>  </u>								
20d. INJURY OCCURRED WHILE AT WORK <input 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 <u>6/11/57</u> to <u>6/25/57</u> and last saw her alive on <u>6/25/57</u> . Death occurred at <u>11:45</u> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Caryl A. Potter, Jr. M.D.</u>				22b. ADDRESS <u>Physicians &amp; Surgeons Building 927/57</u>				
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>JUNE 25, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>ROSEDALE CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u> <u>BUCHANAN COUNTY, KANSAS</u>		
24. FUNERAL DIRECTOR ADDRESS <u>HARMAN FUNERAL HOME-WATHENA, KANSAS</u>				25. DATE RECD. BY LOCAL REG. <u>July 1, 1957</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Robert Fulton</u>		

(Licensed Embalmer's Statement on Reverse Side)

 health, Welfare public service  
 300 0  
 1-56  
 All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

**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 *Charles M. Harmon*

Licensed Embalmer No. 448

P. O. Address WATHENA, KA.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.