

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25521

STATE FILE NUMBER

FILED JUL 22 1957

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 180

Health, Welfare & Public Service
0742
300
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|---|-------------------------------|--|--|--|--|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Nodaway</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u> | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Maryville</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>Maryville</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>505 S. Hester</u> | | | Length of stay in lb <u>12 yrs.</u> | | d. STREET ADDRESS (If outside, give location) <u>505 S. Hester</u> | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>JOSEPH</u> Middle <u>EARL</u> Last <u>CORLL</u> | | | | 4. DATE OF DEATH Month <u>7</u> Day <u>8</u> Year <u>57</u> | | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>12/5/81</u> | | 9. AGE (In years last birthday) <u>75</u> | | IF UNDER 1 YEAR Months <u>4</u> Days <u>20</u> | IF UNDER 24 HRS. Hours <u>12</u> Min. <u>59</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer-retired</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own account</u> | | 11. BIRTHPLACE (City and state or country) <u>Pennsylvania</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | |
| 13. FATHER'S NAME <u>Jonathan Corll</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Elizabeth Moore</u> | | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u> | | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT <u>Mrs. J. E. Corll, Maryville, Mo.</u> | | | Address | |
| 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>Coronary Thrombosis</u> DUE TO (b) <u>Chronic Bronchitis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | | | |
| 20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____ | | | | | | | | | |
| 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>Nov 5-56</u> to <u>July 8, 1957</u> and last saw <u>her</u> alive on <u>July 8, 57</u> Death occurred at <u>6:30 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | | |
| 22a. SIGNATURE <u>H.M. Chase</u> (Degree or title) <u>D. O.</u> | | | | 22b. ADDRESS <u>Maryville, Missouri</u> | | 22c. DATE SIGNED <u>July 12/57</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u> | | 23b. DATE <u>7/8/57</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Kellerton</u> | | 23d. LOCATION (City, town, or county) <u>Kellerton, Iowa</u> (State) | | | | |
| 24. FUNERAL DIRECTOR <u>Price Funeral Home, Maryville, Mo</u> | | | ADDRESS <u>7-17-57</u> | | 25. DATE RECD. BY LOCAL REG. | | 26. REGISTRAR'S SIGNATURE <u>Bess Holt</u> | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Secretary, coroner, etc. must use only standard nomenclature at item 18. The symptoms were as stated. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by

Student Embalmer No.

working under my personal supervision.

Student

Signature of Student Embalmer

Signed

John W. Price

Licensed Embalmer No. *42*

P. O. Address

Maryville

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.