

FILED JAN 24 1958

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 54

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|---|-------------------------------|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY BUCHANAN | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BUCHANAN | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. JOSEPH | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN ST. JOSEPH | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BYATT PARK NURSING HOME | | Length of stay in 1b 4 WEEKS | d. STREET ADDRESS (If outside, give location) 709 COURT, STREET | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) WILLIAM SAMUEL CORDONIER | | | 4. DATE OF DEATH JAN. 14, 1958 | | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH DEC. 28, 1862 | | 9. AGE (In years last birthday) 95 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER | | 10b. KIND OF BUSINESS OR INDUSTRY FARM OWNER | 11. BIRTHPLACE (City and state or country) WATHENA, KANSAS | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME XAVIER CORDONIER | | 13b. MOTHER'S MAIDEN NAME MARY WINDSOR | | 14. NAME OF HUSBAND OR WIFE MARY | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. NONE | | 17. INFORMANT Address MRS. LEE FULCHER ST. JOSEPH, MISSOURI | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cerebral Vascular accident | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 days |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X | | | | | 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 1-12-58 to 1-14-58 and last saw her/him alive on 1-12-58 Death occurred at 2:10 P.M. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) Clemens C. St. Joseph MD | | | 22b. ADDRESS St. Joseph Mo | | 22c. DATE SIGNED 1-18-58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | | 23b. DATE JAN. 14, 1958 | | 23c. NAME OF CEMETERY OR CREMATORY ROSEDALE CEMETERY | |
| | | | | 23d. LOCATION (City, town, or county) (State) DONIPHAN COUNTY, KANSAS | |
| 24. FUNERAL DIRECTOR ADDRESS HARMAN FUNERAL HOME-WATHENA, KANSAS | | | 25. DATE RECD. BY LOCAL REG. Jan. 23, 1958 | | 26. REGISTRAR'S SIGNATURE Mrs. Robert Fulton |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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. Herman*

Licensed Embalmer No. 4487

P. O. Address WATHENA, KANSAS

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.