Health, Welfare Public Service

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1-57

FILED FEB 24 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 58-004496

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 150

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St. Joseph — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: State Hospital #2 — Length of stay in 1b: 9 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Platte
c. CITY OR TOWN: Weston — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): unknown — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: EMIL Middle: --- Last: CORDREY

4. DATE OF DEATH: Month: Feb. Day: 3 Year: 1958

5. SEX: male **6. COLOR OR RACE**: white **7. MARRIED** [ ] **NEVER MARRIED** [X] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: unknown **9. AGE** (In years last birthday): 43 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer **10b. KIND OF BUSINESS OR INDUSTRY**: labor **11. BIRTHPLACE** (City and state or country): unknown **12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

13a. FATHER'S NAME: Lee Cordrey **13b. MOTHER'S MAIDEN NAME**: unknown **14. NAME OF HUSBAND OR WIFE**: none

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ---- **16. SOCIAL SECURITY NO.**: unknown **17. INFORMANT**: Records, State Hospital #2, St. Joseph, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arterial Embolism, Lower Extremities — 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): Right Hemiplegia — 10 days
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 454 X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 August, 1957, to Feb. 3, 1958 and last saw her/him alive on Feb. 3, 1958
Death occurred at 12 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Mohammad Cohn M.D. **22b. ADDRESS**: St. Joseph, Mo. State Hospital #2 **22c. DATE SIGNED**: Feb 17, 1958

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal **23b. DATE**: Feb. 4, 1958 **23c. NAME OF CEMETERY OR CREMATORY**: Mortuary Joseph A. Butler **23d. LOCATION** (City, town, or county) (State): Kansas City, Mo.

24. FUNERAL DIRECTOR: Meiernoffer-Fleeman, Inc. **ADDRESS**: St. Joseph, Mo **25. DATE RECD. BY LOCAL REG.**: Feb. 18, 1958 **26. REGISTRAR'S SIGNATURE**: Mrs. Clark Goodell

(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 embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Albert S. Harrington

Licensed Embalmer No. 3258

P. O. Address [illegible]

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.