

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-016938  
State File No. ....

XC-12 049 127

REG# 119901

FILED APR 21 1958

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 957

40000

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

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE <b>ILLINOIS</b>		b. COUNTY <b>ADAMS</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>JEFFERSON BARRACKS, MO.</b>		c. CITY OR TOWN <b>QUINCY</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) <b>240 DAYS</b>		e. STREET ADDRESS (If rural, give location) <b>ILLINOIS SOLDIERS &amp; SAILORS HOME</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>FRED</b>		b. (Middle) <b>D.</b>		c. (Last) <b>McCORKLE</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>4-3-58</b>					
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>4-26-92</b>	9. AGE (In years last birthday) <b>65</b>	if UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SALESMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CLOTHING</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>KEWANEE, ILLINOIS</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					
13a. FATHER'S NAME <b>JOSEPH McCORKLE</b>		13b. MOTHER'S MAIDEN NAME <b>LEFA ADAMS</b>		14. NAME OF HUSBAND OR WIFE <b>WIDOWED</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>		16. SOCIAL SECURITY NO. <b>326018335</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VA HOSPITAL RECORDS, JEFF BRKS, 23, MO.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>PULMONARY EDEMA</b>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>ARTERIOSCLEROTIC HEART DISEASE &amp; PULMONARY INFARCTION.</b>			
		DUE TO (c) <b>4200 A</b>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>PULMONARY TUBERCULOSIS &amp; CHRONIC PYELONEPHRITIS.</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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)		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 <b>8-6-57</b> 19 <b>VA</b> , to <b>4-3-58</b> , 19 <del>XXXXXX</del> and that death occurred at <b>5:45 P.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>[Signature]</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>VET. ADM. HOSP., JEFF. BRKS, 23, MO.</b>	
23c. DATE SIGNED <b>4-3-58</b>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>4-4-58</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Kewanee</b>	
24d. LOCATION (City, town, or county) (State) <b>Kewanee, Ill</b>					
DATE REC'D BY LOCAL REG. <b>4-4-58</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Edw. Fendler, 5611 So. Grand</b>	

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 *Dudley F. Koelber Jr.*

Licensed Embalmer No. *495*

P. O. Address *St. Louis*

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.