

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036745

State File No.

BIRTH NO. FILED OCT 22 1958 REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) Rural - Washington		c. CITY Hickman Mills OR TOWN Rural - Washington	
c. LENGTH OF STAY (In this place) 4 wks		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6611 East 103rd. St.		e. STREET ADDRESS (If rural, give location) 6611 East 103rd. St.	

3. NAME OF DECEASED (Type or Print) a. (First) Sherril	b. (Middle) Denise	c. (Last) Corkran	4. DATE OF DEATH (Month) (Day) (Year) Oct. 16, 1958
--	---------------------------	--------------------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Sept. 9, 1958	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months 7	IF UNDER 24 HRS. Hours 1 Min.
----------------------	-------------------------------	---	---------------------------------------	--	---------------------------------	--------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby	10b. KIND OF BUSINESS OR INDUSTRY Baby	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
---	---	---	---

13a. FATHER'S NAME John Allen Corkran	13b. MOTHER'S MAIDEN NAME Ruth E. Matthias	14. NAME OF HUSBAND OR WIFE Never Married
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME MO. ADDRESS John Allen Corkran, Hickman Mills,
--	-------------------------------------	---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infectious Diarrhea		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 5710 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	---

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) (Min.)	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 Sept. 10, 1958, to Oct 16, 1958, that I last saw the deceased alive on Oct 15, 1958, and that death occurred at 6 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. L. Ketterman M.D.	23b. ADDRESS Hickman Mills Mo	23c. DATE SIGNED 10-16-58
--	--------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 17, 1958	24c. NAME OF CEMETERY OR CREMATORY Lee's Summit Cemetery	24d. LOCATION (City, town, or county) (State) Lee's Summit, Missouri
---	---------------------------------	---	---

DATE REC'D BY LOCAL REG. 10/16/58	REGISTRAR'S SIGNATURE Charles Stoddard	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Langsford Funeral Home.
--	---	---

(Licensed Embalmer's Statement on Reverse Side) **Lee's Summit, Mo.**

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

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 *N. B. Langstaff*
Licensed Embalmer No. *496*
P. O. Address *Lee's Summit*

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.