

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039884

STATE FILE NUMBER

FILED NOV 19 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5190

5. 300  
1-57

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, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR TRINITY LUTHERAN HOSPITAL			Length of stay in lb 45 YEARS	d. STREET ADDRESS (If outside, give location) 3633 INDIANA AVE			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last CATHERINE ANNA CORDER				4. DATE OF DEATH Month Day Year OCTOBER 31, 1958			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH NOV. 2, 1886		9. AGE (In years last birthday) 77	10. F UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working days, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC	11. BIRTHPLACE (City and state or country) BUTLER, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME JOHN FLICKINGER			13b. MOTHER'S MAIDEN NAME ELMIRA FRY		14. NAME OF HUSBAND OR WIFE EMMET R. CORDER		
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 EMMET R. CORDER		Address 3633 INDIANA AVENUE KANSAS CITY, 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) Bilateral Pulmonary Fibrosis						INTERVAL BETWEEN ONSET AND DEATH 3 Months	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Metastatic Carcinomatosis						12 Months	
DUE TO (c) Carcinoma of Left Breast							
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 checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 1954				
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 1955 to Oct 31, 1958 and last saw her alive on Oct 30, 1958 Death occurred at 12:05 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE W. H. Goodson, Jr. MD			22b. ADDRESS 730 West 159 Kansas City 6 Mo		22c. DATE SIGNED 11/2/58		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE NOV. 3, 1958	23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY		23d. LOCATION (City, town, or county) KANSAS CITY MISSOURI			
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS			ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO	25. DATE RECD. BY LOCAL REG. 11-3-58	26. REGISTRAR'S SIGNATURE Neva Marshall		

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

Wm. H. Goodson, Jr. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 *James W. Larson* .....

Licensed Embalmer No. *4889* .....

P. O. Address *7070* .....

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.