

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-047063

STATE FILE NUMBER

FILED FEB 6 1959 Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY BUTLER CO. MISSOURI		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE MO b. COUNTY Stoddard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF, MISSOURI Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Dublin 1030 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Poplar Bluff Home Length of stay in lb 2 DAYS		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last John Cordell			4. DATE OF DEATH Month Day Year Dec 28, 1958		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 17, 1893		9. AGE (In years last birthday) 65
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Dry		11. BIRTHPLACE (City and state or country) Ala	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Cordell		13b. MOTHER'S MAIDEN NAME Ella Kilgore		14. NAME OF HUSBAND OR WIFE Martrude Cordell	
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. 498-10-1305		17. INFORMANT Address Martrude Cordell Dublin, Mo	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction DUE TO (b) Coronary Artery disease DUE TO (c) Generalized Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			INTERVAL BETWEEN ONSET AND DEATH		
20e. 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 <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	
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21. I attended the deceased from 12-26-58 to 12-28-58 and last saw her/him alive on 12-28-58 Death occurred at 9:40 AM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Name or title) Carol Miller, M.D.		22b. ADDRESS MISSOURI 215 OAK ST. POPLAR BLUFF		22c. DATE SIGNED 1-25-59	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-29-58		23c. NAME OF CEMETERY OR CREMATORY Burger		23d. LOCATION (City, town, or county) (State) 99 E. Mo.	
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24. FUNERAL DIRECTOR ADDRESS McDaniel - Kennett, Mo		25. DATE RECD. BY LOCAL REG. 1/31/59		26. REGISTRAR'S SIGNATURE [Signature]	
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
Dr. Miller  
489

all diseases in Part I must be causally related.

RECEIVED

FEB 6 1959

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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 Walter B. Baird

Licensed Embalmer No. 4888  
P. O. Address Jennett, Mo.

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.