

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-047119

STATE FILE NUMBER

6100

FILED JAN 19 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY OR TOWN <u>Kansas City</u> | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Kansas City</u> | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>5508 Montgall</u> | | Length of stay in lb <u>6 years</u> | d. STREET ADDRESS <u>5508 Montgall</u> |

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|--|-------------------------------|---|---|--|---|
| 3. NAME OF DECEASED (Type or print) First <u>Harvey</u> Middle <u>Eugene</u> Last <u>Cordes</u> | | | 4. DATE OF DEATH Month <u>Dec</u> Day <u>22</u> Year <u>1958</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Feb 23, 1948</u> | | 9. AGE (In years last birthday) <u>10</u> |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>child</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u> | 11. BIRTHPLACE (City and state or country) <u>Denver, Colorado</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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|--|---|---|
| 13a. FATHER'S NAME <u>Harvey L. Cordes</u> | 13b. MOTHER'S MAIDEN NAME <u>Edith Alpers</u> | 14. NAME OF HUSBAND OR WIFE <u>None</u> |
|--|---|---|

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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT <u>Mr. Harvey E. Cordes, Sr. K.C. Mo</u> | Address |
|---|-------------------------------------|--|---------|

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Cerebral Palsy</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | DUE TO (c) <u>LD yrs</u> |

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| 20a. 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 <u>a.m.</u> Month, Day, Year | |

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|---|--|--|------------------------|------------------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 <u>3308 Lenwood</u> | COUNTY <u>Marshall</u> | STATE <u>Mo.</u> |
|---|--|--|------------------------|------------------|

21. I attended the deceased from 12-22-58 to 12/22-58 and last saw ^{her} him alive on 12/22/58
Death occurred at 140 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

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|---|----------------------------------|----------------------------------|
| 22a. SIGNATURE <u>John M. Powers M.D.</u> (Degree or title) | 22b. ADDRESS <u>3308 Lenwood</u> | 22c. DATE SIGNED <u>12/23/58</u> |
|---|----------------------------------|----------------------------------|

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|---|---------------------------|--|---|
| 23a. BURIAL CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>12-23-58</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Marshall Mo.</u> | 23d. LOCATION (City, town, or county) (State) |
|---|---------------------------|--|---|

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| 24. FUNERAL DIRECTOR <u>Hershelberger Mortuary, Marshall Mo.</u> | ADDRESS | 25. DATE RECD. BY LOCAL REG. <u>12-25-58</u> | 26. REGISTRAR'S SIGNATURE <u>neva minshall</u> |
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

John M. Powers



Nov 4. 92 44

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 *John R. Sidman*
Licensed Embalmer No. 453
P. O. Address Kansas City

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.