Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001595

STATE FILE NUMBER

FILED FEB 3 1959 Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 55

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 OR TOWN (If outside corporate limits, give TOWNSHIP only) Independence — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Independence — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) E. of Scott Ave. Indep. — Length of stay in 1b 5 mos	d. STREET ADDRESS (If outside, give location) 1228 Cunningham — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print)	First: DOUGLAS	Middle: STUART	Last: CORDES	4. DATE OF DEATH Month Day Year: Jan. 27, 1959
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: Jan. 22, 1957	9. AGE (In years last birthday): 2 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child	10b. KIND OF BUSINESS OR INDUSTRY: Child	11. BIRTHPLACE (City and state or country): Honolulu, Hawaii	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME: Donald G. Cordes	13b. MOTHER'S MAIDEN NAME: Brenda Lea Barnhouse	14. NAME OF HUSBAND OR WIFE: None		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.: Child	17. INFORMANT Address: Donald Cordes, 1228 Cunningham, Indep., Mo.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Crushed Skull

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Fractures both Femurs

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): History & Inspection

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Car Struck by Train

20c. TIME OF INJURY Hour ~~a.m.~~ p.m. Month, Day, Year: 1:20 1-27-59

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): R R Crossing

20f. CITY, TOWN, OR LOCATION: Independence — COUNTY: Jackson — STATE: Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Hugh H. Owens Coroner	22b. ADDRESS: 1034 Walton Bldg	22c. DATE SIGNED: 1-27-59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b. DATE: 1-30-59	23c. NAME OF CEMETERY OR CREMATORY: Floral Hills Cemetery	23d. LOCATION (City, town, or county) (State): Kansas City, Mo.
24. FUNERAL DIRECTOR ADDRESS: Geo. C. Carson & Sons, Indep., Mo.	25. DATE RECD. BY LOCAL REG.: 1-30-59	26. REGISTRAR'S SIGNATURE: [signature]

(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.

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 Dean W. Huff

Licensed Embalmer No. 4914

P. O. Address Indy., 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.