

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009186

STATE FILE NUMBER

FILED APR 7 1959

Registration District No. 137 Primary Registration District No.

Registrar's No. 84

300
-57

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1. PLACE OF DEATH a. COUNTY HENRY			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 Honey Creek Twp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Hickman Mills Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (NOT in hospital, give location) HOSPITAL OR INSTITUTION 8 Miles West of CLINTON, Mo.			Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 6706 E 103rd St	
3. NAME OF DECEASED (Type or print) First James Middle Everett Last Corder			4. DATE OF DEATH Month 4 - Day 1 - Year 1959		
5. SEX Male	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 12-20-1925	
9. AGE (In years last birthday) 33	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brick Mason			10b. KIND OF BUSINESS OR INDUSTRY Self Employed		11. BIRTHPLACE (City and state or country) Pittsburg Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME John G Corder		
13b. MOTHER'S MARDEN NAME Edna M Corder			14. NAME OF HUSBAND OR WIFE Marion Corder		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War II			16. SOCIAL SECURITY NO. 488-22-1619		17. INFORMANT Marion Corder Address Hickman Mills Mo 6706 E 103rd St
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Flail chest; Multiple fractured ribs					INTERVAL BETWEEN ONSET AND DEATH Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Automobile Accident.					
DUE TO (c)					
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 type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Multiple rib fractures with flail chest; fracture of		
20c. TIME OF INJURY 7:30 p.m. 4-1-59			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1 1/2 mi. west of Clinton, Mo. 33		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			20f. CITY, TOWN, OR LOCATION Hickman Mills, Clinton, Mo.		
20g. COUNTY Henry STATE Mo.					
21. I attended the deceased from no medical attendant and last saw her alive on D.O.A. Death occurred at approx 7:30 p.m. 4-1-59 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W.D. Bradchan, MD (Degree or title)			22b. ADDRESS Clinton, Mo.		22c. DATE SIGNED 4-2-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4 2 59	23c. NAME OF CEMETERY OR CREMATORY Green Lawn Cem. Kansas City Mo		23d. LOCATION (City, town, or county) (State) Mo
24. FUNERAL DIRECTOR Hickman & Dunning Clinton Mo.			25. DATE RECD. BY LOCAL REG. 4-2-59		26. REGISTRAR'S SIGNATURE Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 9 1959

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 *Robert S. Danning*

Licensed Embalmer No. *4710*
P. O. Address *Clinton 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.