

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013045

STATE FILE NUMBER

FILED MAY 4 1959 Registration District No. 130 Primary Registration District No. 3021 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Grundy	
b. CITY OR TOWN Trenton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Trenton 04020 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Callers Hosp.		Length of stay in lb 2 wks.	d. STREET ADDRESS (If outside give location) 511 E. 17th Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Jacob Middle Henry Last Cordes			4. DATE OF DEATH Month May Day 1 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 14 1885	9. AGE (In years 18 to 29 day) 73	10. FUNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of year) Retired R.R. Engineer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Cole Camp, Benton Co. Mo.	
13a. FATHER'S NAME Bernard Cordes		13b. MOTHER'S MAIDEN NAME Kathryn Hiestberger		14. NAME OF HUSBAND OR WIFE Verna Keith Cordes	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or Drawn) (If yes, give War or Service) No		16. SOCIAL SECURITY NO.		17. INFORMANT Wife Verna Cordes Address Trenton Mo.	
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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) Acute myelocytic Leukemia			INTERVAL BETWEEN ONSET AND DEATH 15 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 _____ 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 Trenton COUNTY Grundy STATE Mo	
21. I attended the deceased from 2-26-57 to 5-1-59 and last saw him alive on 4-30-59 Death occurred at 4:15 a. m on the date stated above; and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE C. L. Clark, M.D. (Degree or title)		22b. ADDRESS Trenton, Mo.		22c. DATE SIGNED 5-2-59	
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23a. BURIAL, CREMATION, REMAINS (Specify)		23b. DATE May 3, 1959		23c. NAME OF CEMETERY OR CREMATORY Masonic - Trenton		23d. LOCATION (City, town, or county) (State) Trenton Mo	
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24. FUNERAL DIRECTOR J. Gordon Blackmore. ADDRESS		25. DATE RECD. BY LOCAL REG. 5-2-59		26. REGISTRAR'S SIGNATURE A. J. Fair	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No synonyms will be listed. All diseases in Part I must be causally related.

MAY 19 1954

MAY 21 1954

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 Jordan Blackman

Licensed Embalmer No. 4602

P. O. Address Trenton, 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.