

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017132
STATE FILE NUMBER

FILED JUN 9 1959 Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 171

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-57

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY OSAGE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MORRISON
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St mary hospital		Length of stay in 1b 3 weeks	d. STREET ADDRESS R F D (If outside, give location) 076 0
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last FREDRICK SAMUEL CORDRAY			4. DATE OF DEATH Month Day Year JUNE 1 1959		
5. SEX MALE 0	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 MCH. 21 1883	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days 2 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) merchant		10b. KIND OF BUSINESS OR INDUSTRY Feed Merchandice	11. BIRTHPLACE (City and state or country) AUD MO	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME SHEPARD CORDRAY		13b. MOTHER'S MAIDEN NAME LINA RIPPSTEIN		14. NAME OF HUSBAND OR WIFE MARY ELIZABETH CORDRAY	

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.	17. INFORMANT Mrs. Fredrick Cordray	Address Morrison 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) <i>Bronchopneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 weeks</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	<i>491X</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Diabetes Mellitus - Souty Arthritis</i>		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 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		

21. I attended the deceased from *Sept 1958* to *June 1, 1959* and last saw ^{her}him alive on *June 1, 1959*.
Death occurred at *10:30 A.M.* on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>L. B. Kleber M D.</i>	(Degree or title) 0	22b. ADDRESS <i>Jefferson City, Mo</i>	22c. DATE SIGNED <i>6-2-59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE June 4 1959	23c. NAME OF CEMETERY OR CREMATORY Oklahoma cemetery	23d. LOCATION (City, town, or County) (State) Linn Mo R F D
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24. FUNERAL DIRECTOR Clyde Morton	ADDRESS Linn Mo	25. DATE RECD. BY LOCAL REG. <i>2 June 1959</i>	26. REGISTRAR'S SIGNATURE <i>R. P. Harris, MD - MR</i>
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(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.

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 *Harrison M. Morton*

Licensed Embalmer No. *4125*

P. O. Address *Lincoln 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.