

**MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-039541**

FILED VS NOV 18 1959 105

Registration District No. \_\_\_\_\_ Primary Registration District No. **4177** Registrar's No. **14**

STATE FILE NUMBER

UNRECORDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>DUNKLIN</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CLARKTON</b>		a. STATE <b>MISSOURI</b> COUNTY <b>DUNKLIN</b>		c. CITY OR TOWN <b>CLARKTON</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>at home</b>		Length of stay in lb <b>1 year</b>		d. STREET ADDRESS <b>at home</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First Middle Last <b>WILLIAM CALVIN McCORD</b>				4. DATE OF DEATH Month Day Year <b>November 4, 1959</b>			
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9/27/76</b>	9. AGE (last birthday) <b>83</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer (Retired)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and state or country) <b>RIPLEY CO., MO.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>WILLIAM CALVIN McCORD</b>			13b. MOTHER'S MAIDEN NAME <b>SARAH THOMPSON</b>			14. NAME OF HUSBAND OR WIFE <b>DECEASED</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT Address <b>RAYMOND McCORD-CLARKTON, MISSOURI</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) <b>coronary thrombosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>			
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)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 s.m. p.m. Month, Day, Year							
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		COUNTY	STATE
21. I attended the deceased from <b>11-4-59</b> to <b>11-4-59</b> and last saw him alive on <b>11-4-59</b> Death occurred at <b>4:05p.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>J. E. Schuman, MD</b> (Degree or title)				22b. ADDRESS <b>Rideon, mo</b>		22c. DATE SIGNED <b>11-5-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>11/8/1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MASONIC CEMETERY</b>		23d. LOCATION (City, town, or county) <b>NAYLOR, MISSOURI</b>		(State)	
24. FUNERAL DIRECTOR ADDRESS <b>GENE PARRENT NAYLOR, MO.</b>			25. DATE RECD. BY LOCAL REG. <b>11-14-59</b>		26. REGISTRAR'S SIGNATURE <b>J. E. Schuman</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 19 1956

**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

*Gene H. Parrent*

Licensed Embalmer No. 4809

P. O. Address Naylor,

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.

I If this body is not embalmed, fact should be so stated above.