

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS DEC 21 1959

'59 0 4 4 1 2 5

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5834

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 50 Yrs	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hosp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2223 1/2 Indiana Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First CECIL Middle M Last CORDELL			4. DATE OF DEATH Month 12 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 3 19 98	9. AGE (last birthday) 61	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bar tender		10b. KIND OF BUSINESS OR INDUSTRY 486 07 2086		11. BIRTHPLACE (City and state or country) Excelsior Springs, Mo		
12. CITIZEN OF WHAT COUNTRY U. S. A		13a. FATHER'S NAME Victor Cordell		13b. MOTHER'S MAIDEN NAME Adah McElwee		
14. NAME OF HUSBAND OR WIFE Ruth F. Cordell		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. Ruth F. Cordell		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		19. INTERVAL BETWEEN ONSET AND DEATH		

IMMEDIATE CAUSE (a) **Cardiomyopathy, hypertensive, chronic**

CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.

DUE TO (b) **hypertension 1 year**

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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 10-22-59 to 12-1-59 and last saw her alive on 12-1-59.
 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Vincent T. Williams</i>	22b. ADDRESS <i>876 Apple St</i>	22c. DATE SIGNED <i>12-4-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12 4 1959	23c. NAME OF CEMETERY OR CREMATORY Floral Hills
23d. LOCATION (City, town, or county) Kansas City Missouri	24. FUNERAL DIRECTOR Floral Hills Mem. Chapels, Inc	25. DATE RECD. BY LOCAL REG. 12-4-59
26. REGISTRAR'S SIGNATURE <i>Neve Marshall</i>		

DOCUMENT

BY AFFIDAVIT OF Vincent T. Williams MEDICAL CERTIFICATION

5-26-2
5-5-1

W. P. ...

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 Forrest D. Coldenow

Licensed Embalmer No. 4714

P. O. Address K. P. 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.