URL DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUN 17 1960

60-023680
STATE FILE NUMBER

ENDED

Registration District No. 174 Primary Registration District No. 5644 Registrar's No. 59

1. PLACE OF DEATH
a. COUNTY Lafayette
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington
Length of stay in 1b: 21 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mittieville on 24 highway
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lafayette
c. CITY OR TOWN Lexington
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 3 miles West
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: ELIZABETH Middle: (n) Last: McCORKLE
4. DATE OF DEATH Month: June Day: 1 Year: 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 11/5/1874
9. AGE (last birthday): 85
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): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Restaurant
11. BIRTHPLACE (City and state or country): Richmond, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Robert McCorkendale
13b. MOTHER'S MAIDEN NAME: Mary Ellen (No Record)
14. NAME OF HUSBAND OR WIFE: George McCorkle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Minnie Fisher Address: Lexington, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac-Hepatic-Renal Syndrome — INTERVAL BETWEEN ONSET AND DEATH: 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arterio sclosis — 15 years
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 ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 April 20, 1960, to June 1, 1960 and last saw her alive on May 28, 1960
Death occurred at 6;20 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] D.O.
22b. ADDRESS Wellington, Mo.
22c. DATE SIGNED 6-10-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 3, 1960
23c. NAME OF CEMETERY OR CREMATORY: Machpelah
23d. LOCATION (City, town, or county) (State): Lexington, Missouri

24. FUNERAL DIRECTOR: J. C. Sheppard ADDRESS: Wellington, Missouri
25. DATE RECD. BY LOCAL REG.: 6-10-60
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Jr. Blair Sheppard
Signature of Student Embalmer

Licensed Embalmer No. 4179

P. O. Address Wellington, O

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.