

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 22 1960 42

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-60-029688

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b life		c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Mo. Methodist Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 801 Trivillion Dr.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First DONALD Middle LEE Last CORDONNIER				4. DATE OF DEATH Month August Day 14 Year 1960			
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8/3/1936	9. AGE (last birthday) 24	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) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Dugdale Packing Co.		11. BIRTHPLACE (City and state or country) St. Joseph, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME George Z. Cordonnier			13b. MOTHER'S MAIDEN NAME Dorothy Mae Dever			14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes recent		16. SOCIAL SECURITY NO. 491-42-0152		17. INFORMANT George Cordonnier, 801 Trivillion Dr. Address St. Joseph, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Traumatic shock + hemorrhage						INTERVAL BETWEEN ONSET AND DEATH 30 min	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Skull fracture						30 min	
DUE TO (c) 2 Car collision						30 min	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Truck was parked properly 10 feet from pavement						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 checked="" 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.) Asleep pulled into wrong lane struck parked truck.					
20c. TIME OF INJURY 2:56 a.m.	Hour Aug 14 60	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.) highway	
			20f. CITY, TOWN, OR LOCATION St. Joseph		COUNTY Buchanan		STATE MO
21. I attended the deceased from Devised body and last saw him alive on Aug 14-1950 Death occurred at 2:56 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) S.E. Melaney M.D. Coronar St Joe Mo				22b. ADDRESS 214 Keckpat street		22c. DATE SIGNED 8-17-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 8/16/1960	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		23d. LOCATION (City, town, or county) St. Joseph Mo.		23e. STATE Mo.	
24. FUNERAL DIRECTOR Horton Bowman, St. Joseph, Mo.				ADDRESS	25. DATE RECD. BY LOCAL REG. Aug 18, 1960	26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell	

DOCUMENT

BY AFFIDAVIT OF S.E. Melaney M.D. MEDICAL CERTIFICATION

AUG 25 1960

AUG 26 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Spelling

Licensed Embalmer No. 4530

P. O. Address St Joseph, 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.