

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-021076

STATE FILE NUMBER

Registration District No.

137

Primary Registration District No.

3023

Registrar's No.

159

AMENDED

FILED JUL 10 1961

1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Clinton

Length of stay in lb

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Benton

c. CITY OR TOWN

Williams Township

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF HOSPITAL OR INSTITUTION

Wetzel Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

Highway 65

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Margaret Elizabeth Corman

4. DATE OF DEATH

Month

Day

Year

July 5 1961

5. SEX

Female

6. COLOR OF RACE

White

7. Married

Never Married ☐

Widowed ☐

Divorced ☐

8. DATE OF BIRTH

1-10-1887

9. AGE (last birthday)

74

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Benton County, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Robert McBurney

13b. MOTHER'S MAIDEN NAME

Maxwell

14. NAME OF HUSBAND OR WIFE

Harry Corman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mr. Harry Corman R. #1 Cole Camp, 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)

Medullary Paralysis

INTERVAL BETWEEN ONSET AND DEATH

HRS

DUE TO (b)

Pulmonary Edema

HRS

DUE TO (c)

Carcinomatosis

Months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Adenocarcinoma of the Gall Bladder.

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ N: ☐ 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 Nov. 1960, to July 2, and last saw her alive on July 2nd

Death occurred at 1:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Arturo Gonzalez

22b. ADDRESS

Cole Camp, Mo.

22c. DATE SIGNED

7-6-61

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

July 8, 1961

23c. NAME OF CEMETERY OR CREMATORY

MT. Olive Cemetery

23d. LOCATION (City, town, or county)

Benton County

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

E.L. Eickhoff Cole Camp, Mo.

25. DATE RECD. BY LOCAL REG.

July 7, 1961

26. REGISTRAR'S SIGNATURE

Waldred Bigum

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 14 1961

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 *Dr. Eickhoff*

Licensed Embalmer No. 730

P. O. Address *Col. Camp*

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.