MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-028714

ARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 81

FILED AUG 31 1961

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Clinton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cameron — Length of stay in 1b: Life
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Clinton Co. Mo. — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Clinton
c. CITY OR TOWN: Cameron — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 110 West 7th — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Vinton Middle Earl Last McCord

4. DATE OF DEATH: Month Aug. Day 17 Year 61

5. SEX: M.
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Sept. 7-1915
9. AGE (last birthday): 45 — 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): U.S. Post Office
10b. KIND OF BUSINESS OR INDUSTRY: Postal Clerk
11. BIRTHPLACE (City and state or country): Cameron Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Vinton McCord
13b. MOTHER'S MAIDEN NAME: Gerteude Sloan
14. NAME OF HUSBAND OR WIFE: Jean McCord

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no none
17. INFORMANT: Jean McCord — Address: Cameron 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): Suffocation — INTERVAL BETWEEN ONSET AND DEATH: Min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Accidental Drowning
DUE TO (c): Boat Overturning
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 ☐ X
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Accidental, Boat overturned while fishing

20c. TIME OF INJURY: Hour ~~a.m.~~ p.m. 6:00 — Month, Day, Year: Aug. 17, 61

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.): Burlington Reservoir
20f. CITY, TOWN, OR LOCATION: Cameron, Shoal Twp. — COUNTY: Clinton, — STATE: Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James W Sowden Clinton County Coroner
22b. ADDRESS: Cameron, Mo.
22c. DATE SIGNED: 8-19-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug. 20 61
23c. NAME OF CEMETERY OR CREMATORY: Memory Gardens
23d. LOCATION (City, town, or county) (State): Cameron Mo.

24. FUNERAL DIRECTOR: Poland Funeral Home — ADDRESS: Cameron Mo.
25. DATE RECD. BY LOCAL REG.: Aug 19 1961
26. REGISTRAR'S SIGNATURE: Francis D Crawford

(Licensed Embalmer's Statement on Reverse Side)

AUG 31 1961

MAR 8 1962

OCT 26 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 Laurence J. Thompson

Licensed Embalmer No. 4735

P. O. Address Cameron, 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.