

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032621

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 133

Primary Registration District No. 3022

Registrar's No. 115

STATE FILE NUMBER

FILED SEP 25 1961

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Harrison</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bethany</u>	Length of stay in 1b <u>4 Hours</u>	c. CITY OR TOWN <u>Rural</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rid Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <u>49m. W - Ridgeway Mo</u>

3. NAME OF DECEASED (Type or print) First <u>Harold</u> Middle <u>Edward</u> Last <u>McCorkle</u>			4. DATE OF DEATH Month <u>9</u> Day <u>21</u> Year <u>61</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>June 16, 1891</u>	9. AGE (last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>2</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City and state or country) <u>Winterset Iowa</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Edward McCorkle</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Thompson</u>		14. NAME OF HUSBAND OR WIFE <u>Rda McCorkle</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>War 1</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Rda McCorkle, Ridgeway Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH <u>5 MIN</u>
IMMEDIATE CAUSE (a) <u>Acute coronary embolism</u>			
DUE TO (b) <u>Chronic Cardio-vascular disease</u>			
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. <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 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 <u>2:12</u> a.m. <u>PM</u> Month, Day, Year <u>9-21-1961</u>	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 <u>Bethany, Mo</u>		COUNTY STATE

21. I attended the deceased from 9-21-1961 to 9-21-1961 and last saw him alive on 9-21-1961
Death occurred at 2:12 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>G. J. Scameroon, D.O.</u>	22b. ADDRESS <u>Bethany, Mo</u>	22c. DATE SIGNED <u>9-22-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>9-24-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant View</u>
23d. LOCATION (City, town, or county) <u>1 E 1/2 M. Ethel Kensco.</u>		(State)

24. FUNERAL DIRECTOR <u>Robert R. Boppers, Ridgeway Mo</u>	25. DATE RECD. BY LOCAL REG. <u>9-22-61</u>	26. REGISTRAR'S SIGNATURE <u>Gella Masey</u>
---	--	---

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

OCT 13 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

Robert R. Boffers

Licensed Embalmer No. 3576

P. O. Address Ridgeway

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.