

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018562

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 116 Primary Registration District No. 3030 Registrar's No. 107

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

1 0365  
2 0360  
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF)

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**FILED MAY 21 1962**

1. PLACE OF DEATH  
a. COUNTY **FRANKLIN**  
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN **WASHINGTON** Length of stay in 1b  
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **ST. FRANCIS HOSPITAL** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **MO.** b. COUNTY **FRANKLIN**  
c. CITY OR TOWN **LABADIE** Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) **R.R. # 1** Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last (Type or print) **BESSIE M. CORDRAY** 4. DATE OF DEATH Month Day Year **MAY 13 1962**

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **MAR. 18, 1905** 9. AGE (last birthday) **57** IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min. **1 25**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **HOUSEWIFE** 10b. KIND OF BUSINESS OR INDUSTRY **HOUSEWIFE** 11. BIRTHPLACE (City and state or country) **VIENNA, MO.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **ADAM SUDHIEMER** 13b. MOTHER'S MAIDEN NAME **ELLA HAWKINS** 14. NAME OF HUSBAND OR WIFE **JAMES S. CORDRAY**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NO** 16. SOCIAL SECURITY NO. **NONE** 17. INFORMANT Address **JAMES S. CORDRAY LABADIE, 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) **Cardiac Failure** INTERVAL BETWEEN ONSET AND DEATH **2 weeks**  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Hypertension** **10 years**  
DUE TO (c) **Prolonged Obesity** **25 years**  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Cerebral Vascular Hemorrhage** 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 10 May 62 to 13 May 62 and last saw her alive on 13 May 62  
Death occurred at 5:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Wm. Richardson, M.P.** 22b. ADDRESS **Union, MO** 22c. DATE SIGNED **14 May 62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **MAY 15, 1962** 23c. NAME OF CEMETERY OR CREMATORY **UNION CEMETERY** 23d. LOCATION (City, town, or county) (State) **UNION, MO.**

24. FUNERAL DIRECTOR ADDRESS **OLTMANN FUNERAL HOME UNION, MO.** 25. DATE RECD. BY LOCAL REG. **5/15/62** 26. REGISTRAR'S SIGNATURE **Lulu C. Sudman**

**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 Ralph Olthmann

Licensed Embalmer No. 4808

P. O. Address Union, 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.