

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023556

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 38

Primary Registration District No. 4088 Registrar's No. 11

FILED JUN 25 1963

1. PLACE OF DEATH a. COUNTY Carter		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Carter	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ellsinore		Length of stay in 1b 30 yrs.	c. CITY OR TOWN Ellsinore Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Cora Middle Maude Last Corsaw		4. DATE OF DEATH Month 6 Day 18 Year 1963	
5. SEX Female	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct. 12, 1881 9. AGE (last birthday) 81
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Omaha, Nebraska 12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME John H. Lorance		13b. MOTHER'S MAIDEN NAME Elsvira Johnson	14. NAME OF HUSBAND OR WIFE Lawrence Corsaw
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mary S. Gaines Ellsinore, 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) Acute Corbiline decompens. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic myocarditis DUE TO (c) Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 12 hrs. 10 yrs. 15 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Emaciation			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 a.m. p.m. 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.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 12:15 Aug 19 60 to 18 June 63 and last saw her alive on 6/17/63 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Cyril C. Post M.D.		22b. ADDRESS Poplar Bluff, Mo. 22c. DATE SIGNED 6/22/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-20-63	23c. NAME OF CEMETERY OR CREMATORY Whites Mill	23d. LOCATION (City, town, or county) (State) Carter Co. Mo.
24. FUNERAL DIRECTOR ADDRESS Pewitt-Sloan Funeral Home		25. DATE RECD. BY LOCAL REG. June 24 - 63	26. REGISTRAR'S SIGNATURE Mrs Ota Henson

U. Bureau, Mo (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

USE BLACK INK

OR

TYPEWRITER RIBBON

VS 300
Rev. 4/59

DATE AMENDED

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JUN 27 1963

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 Donald B. Sloan

Licensed Embalmer No. 5127

P. O. Address VAN BUREN, 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.

MASS 19 1963