

THE DIVISION OF HEALTH OF MISSOURI
FILED APR 26 1949 STANDARD CERTIFICATE OF DEATH

State File No. 12175

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4219 Registrar's No. 100

42
2000
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor		c. LENGTH OF STAY (in this place) 6 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Community Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Windsor Twsp.	
		d. STREET ADDRESS (If rural, give location) Route # 4, Windsor	

3. NAME OF DECEASED (Type or Print) a. (First) Mertie b. (Middle) Harford c. (Last) Corman			4. DATE OF DEATH (Month) (Day) (Year) April 16 1949		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 27, 1888		9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Days 10		IF UNDER 24 HRS. Hours 19		IF UNDER 60 Mins. 19	
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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 (State or foreign country) Ottawa, Kansas			12. CITIZEN OF WHAT COUNTRY? U S A		
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13a. FATHER'S NAME George Harford			13b. MOTHER'S MAIDEN NAME Louise Micheal			14. NAME OF HUSBAND OR WIFE Dan Corman		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dan Corman, Windsor, Missouri			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Stroke + Blood						INTERVAL BETWEEN ONSET AND DEATH 6 days	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5400						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	
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22. I hereby certify that I attended the deceased from Apr 12, 1949 to Apr 16, 1949; that I last saw the deceased alive on Apr 14, 1949 and that death occurred at 4:30p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. D. Windsor M.D.		23b. ADDRESS Windsor, Missouri		23c. DATE SIGNED 4/19/49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-19-49		24c. NAME OF CEMETERY OR CREMATORY Laurel Oak		24d. LOCATION (City, town, or county) (State) Windsor, Missouri	
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DATE REC'D BY LOCAL REG. 4-19-49		REGISTRAR'S SIGNATURE Florence Adair		4225 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Huston-Turner, Windsor, Mo.	
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RECEIVED

District Health Officer No.

District File Number 3-49-42

Date Filed 4-25-49

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.

Signed _____

William M. Turner

Signed _____
Student Embalmer

Licensed Embalmer No. 4648

P. O. Address Windsor, Md.

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 this body is not embalmed, fact should be so stated above.