

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1111

BIRTH NO. 142 REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 5

45

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

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>991</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bloomington</u>	
c. LENGTH OF STAY (In this place) <u>14 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hackberry St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>	b. (Middle) <u>Mack</u>	c. (Last) <u>Cornelius</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2/ 2/ 49</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 6, 1887</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Howard Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>
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13a. FATHER'S NAME <u>Charles Cornelius</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen Sanders</u>	14. NAME OF HUSBAND OR WIFE <u>Unknown</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>328-09-9674</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lucy Wright</u> ADDRESS <u>Fayette, Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 months</u> <u>unknown</u> <u>unknown</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Conjestive cardiac Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cor. Pulmonale</u> DUE TO (c) <u>Hypertrophic emphysema</u>		
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 <u>4/24</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Nov. 6, 1949, to Feb 2, 1949, that I last saw the deceased alive on Feb 2, 1949, and that death occurred at 9:20P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Francis D. Lee</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Lee Hospital, Fayette, Mo</u>	23c. DATE SIGNED <u>Feb 5-1949</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/5/1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fayette City Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Fayette, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>2-5-1949</u>	REGISTRAR'S SIGNATURE <u>Dorothy Jean Johnson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph A. Carr</u> ADDRESS <u>Fayette, Mo</u>
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RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-11-49

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 _____

Ralph A. Carr

Signed _____
Student Embalmer

Licensed Embalmer No. 3340

P. O. Address Fayette 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 this body is not embalmed, fact should be so stated above.