

1900

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 28 1949

 BIRTH NO. 48-81397 REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 3044 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MILLER MO</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELDON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELDON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>815 Colorado Ave</u>		d. STREET ADDRESS (If rural, give location) <u>815 Colorado Ave</u>	
3. NAME OF DECEASED (Type or Print) <u>RICHARD</u> a. (First) <u>CORNELL</u> b. (Middle) <u>CLARK</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN-8 1949</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single (1)</u>	8. DATE OF BIRTH <u>NOV-29 1948</u>
9. AGE (In years last birthday) <u>0</u>	10. IF UNDER 1 YEAR Months <u>1</u> Days <u>9</u>	11. IF UNDER 24 HRS. Hours <u>1</u> Min. <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>A-Child</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At-Home</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI (1)</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>MARY-LEA-CLARK</u>	
14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MARY-LEA-CLARK</u> ADDRESS <u>ELDON</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital debility due to premature birth</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>premature birth</u> DUE TO (c) <u>76</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>76</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>none</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>none</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to <u>JAN 8, 1949</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Charles C. Roth D.C.</u>		23b. ADDRESS <u>ELDON MO</u>	23c. DATE SIGNED <u>10 Jan 1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11 JAN 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ELDON</u>	24d. LOCATION (City, town, or county) (State) <u>ELDON MO</u>
DATE REC'D BY LOCAL REG. <u>Jan. 11, 1949</u>	REGISTRAR'S SIGNATURE <u>Adveretta Walker</u>	FUNERAL DIRECTOR'S SIGNATURE <u>1925 Keith McFay</u>	ADDRESS <u>ELDON MO</u>

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JAN 27 1949

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
Student Embalmer

Signed *Keith M. Kays*

Licensed Embalmer No. *3998*

P. O. Address *Eldon 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.