

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **15635**FILED JUN 9 1949  
BIRTH NO. **28000-49** REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3623** Registrar's No. **143**

1. PLACE OF DEATH a. COUNTY <b>HENRY</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>Henry</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clinton</b>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Brownston MO</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Clinton Genl Hosp</b>			d. STREET ADDRESS (If rural, give location) <b>1</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>ALBERT</b> b. (Middle) <b>DENVER</b> c. (Last) <b>CORUM</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5-31-49</b>		
5. SEX <b>MO</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>May 31/49</b>	9. AGE (In years last birthday) <b>7 Mo</b>	10. UNDER 1 YEAR Months <b>5 1/2</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Clinton MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Wm Corum</b>		13b. MOTHER'S MAIDEN NAME <b>Wanda Breeden</b>	14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Wm Corum</b>			ADDRESS <b>Brownston MO</b>
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) <b>premature birth</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  <b>976X</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>5-21, 1949</b> , to <b>5-31, 1949</b> , that I last saw the deceased alive on <b>5-21, 1949</b> , and that death occurred at <b>1:10</b> p.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>G. Walker M.D.</b>		23b. ADDRESS <b>Clinton MO</b>		23c. DATE SIGNED <b>6-1-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 1/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Englewood Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Clinton MO</b>		
DATE REC'D BY LOCAL REG. <b>6-1-49</b>	REGISTRAR'S SIGNATURE <b>Florence Adair</b>	422	25. FUNERAL DIRECTOR'S SIGNATURE <b>J.E. Consoler</b>		ADDRESS <b>Clinton MO</b>

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No.

District File Number 5-49

Date Filed 6-8-4

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

*Not Embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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