

No. 300
10.48

FILED OCT 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32940**

30

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

BIRTH NO. _____ REG. DIST. NO. 20 PRIMARY REG. DIST. NO. 5095 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Bates</u>	
b. CITY OR TOWN <u>Rural. Mingo</u>		c. CITY OR TOWN <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) <u>near Rich mo</u>	
3. NAME OF DECEASED (Type or Print) <u>HARRY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 25 49</u>	
a. (First) <u>HARRY</u>		b. (Middle) <u>John</u>	
c. (Last) <u>Corradi</u>			
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED <u>DIVORCED</u> (Specify)	8. DATE OF BIRTH <u>Jan. 21, 1898</u>
9. AGE (In years last birthday) <u>51</u>		10. MONTHS <u>8</u>	11. DAYS <u>4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER Eudem, Ill.</u>	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>J. J. Corradi</u>		13b. MOTHER'S MAIDEN NAME <u>Katie Harms</u>	
14. NAME OF HUSBAND OR WIFE <u>Viola Corradi</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Viola Corradi</u>		ADDRESS <u>Rich, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HEART BLEED, CORONARY</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
2. ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>X</u>	
		DUE TO (c) <u>X</u>	
3. OTHER SIGNIFICANT CONDITIONS		DUE TO (d) <u>X</u>	
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
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)		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 <u>9-15</u> , 19 <u>49</u> to <u>9-21</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>9-21</u> , 19 <u>49</u> , and that death occurred at <u>12:00 AM.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. W. Galbreath M.D.</u>		23b. ADDRESS <u>Rich Mo</u>	
23c. DATE SIGNED <u>9-26-49</u>			
24a. BURIAL: CREMATION REMOVAL (Specify) <u>Sept 27 1949 - Rich Cemetery</u>		24b. DATE	
24c. NAME OF CEMETERY OR CREMATORY <u>Rich Mo/Henry Co.</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>Oct 12/1949</u>		REGISTRAR'S SIGNATURE <u>Myra Owens</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Brown</u>		ADDRESS <u>Rich mo</u>	

REBEIVED

District Health Officer No. 7,

District File Number 9-49-1233

Date Filed 10-17-49

OCT 20 1950

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 R. R. Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton 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.