S. No. 300
v. 10.48

FILED DEC 2 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 36302

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 284

10
2
4

**1. PLACE OF DEATH**
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boone Co Hosp

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Boone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mc Baine
d. STREET ADDRESS (If rural, give location): McBaine, Mo.

**3. NAME OF DECEASED** (Type or Print)
a. (First): MARTHA
b. (Middle): Zerelda
c. (Last): Cornelius

**4. DATE OF DEATH** (Month) (Day) (Year): Nov 19 1949

**5. SEX**: F
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Jan 7th 1896
**9. AGE** (In years last birthday): 53 — If under 1 year: Months 10, Days 12; If under 1 hr.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): House wife
**10b. KIND OF BUSINESS OR INDUSTRY**: Housekeeper
**11. BIRTHPLACE** (State or foreign country): Boone Co Mo
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Wm H Douglass
**13b. MOTHER'S MAIDEN NAME**: Amanda Belcher
**14. NAME OF HUSBAND OR WIFE**: J. H. Cornelius

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service): No
**16. SOCIAL SECURITY NO.**: No
**17. INFORMANT'S SIGNATURE OR NAME**: J H Cornelius
ADDRESS: McBaine Mo

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric Ulcer with perforation — INTERVAL BETWEEN ONSET AND DEATH: 2 days

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.*

5400

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☑ 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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

**22.** *I hereby certify that I attended the deceased from* 17 Nov, 1949, *to* 19 Nov, 1949, *that I last saw the deceased alive on* 18 Nov, 1949, *and that death occurred at* 10:35 Am., *from the causes and on the date stated above.*

**23a. SIGNATURE**: Horace C. Thomas (Degree or title): M.D.
**23b. ADDRESS**: Columbia, Mo
**23c. DATE SIGNED**: 19 Nov 49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Nov 21 1949
**24c. NAME OF CEMETERY OR CREMATORY**: Memorial Park
**24d. LOCATION** (City, town, or county) (State): Columbia Mo

**DATE REC'D BY LOCAL REG.**: Nov. 19, 1949
**REGISTRAR'S SIGNATURE**: Mrs R E Palmer 31
**25. FUNERAL DIRECTOR'S SIGNATURE**: R. A. Wilcox
ADDRESS: Columbia Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
NOV 29 1949
District Health Officer No. 9
District File Number

## 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 Lyman H. Sprenkle
Licensed Embalmer No. 4013
P. O. Address Columbia, 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.