

FILED JAN 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43938

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 6103 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Scotland</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Scotland</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Arpela</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Arpela</u>		d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF HOSPITAL OR INSTITUTION					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Berton</u> b. (Middle) <u>Wyth</u> c. (Last) <u>Corley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 22 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>widower</u>	8. DATE OF BIRTH <u>Jan 25 1885</u>	9. AGE (In years last birthday) <u>64</u>	10. IF UNDER 1 YEAR (Months) <u>10</u> Days <u>27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>scotland col mo</u>	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>James T Corley</u>		13b. MOTHER'S MAIDEN NAME <u>Armethe Doggs</u>		14. NAME OF HUSBAND OR WIFE <u>Buriah Corley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>John Corley</u> ADDRESS <u>Memphis Mo</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>Bronchopneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza</u>			<u>10 days</u>		
DUE TO (c) _____			<u>483%</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Asthma for many years</u>			<u>50 yrs</u>		
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) m.		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>Dec 22, 1949</u> , to <u>Dec 22, 1949</u> , that I last saw the deceased alive on <u>Dec 22, 1949</u> , and that death occurred at <u>3 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>A.M. Keethler D.O.</u> (Degree or title)		23b. ADDRESS <u>2 Memphis, Mo.</u>		23c. DATE SIGNED <u>12-23-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 24 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hickory Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Arpela Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-15 50</u>		REGISTRAR'S SIGNATURE <u>P.M. Baker</u> <u>409</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Guthrie Bassett</u> ADDRESS <u>Memphis Mo</u>		

RECEIVED

JAN 20 1950

District Health Officer No. _____

District File Number 1-50-1

Date Filed JAN 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 Albert C Gerth

Licensed Embalmer No. 4257

P. O. Address Memphis 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.