

FILED FEB 1 1950

STANDARD CERTIFICATE OF DEATH

State File No. 3568

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4499 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Shelby County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbina, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbina, Mo.	
c. LENGTH OF STAY (in this place) 15 Yrs		d. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			

3. NAME OF DECEASED (Type or Print) Albert Kentucky Cory			4. DATE OF DEATH (Month) (Day) (Year) 1-23-1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-7-1869		9. AGE (In years last birthday) 80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (State or foreign country) Lima, Ill.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Edward Cory		13b. MOTHER'S MAIDEN NAME Martha Vance		14. NAME OF HUSBAND OR WIFE Iva Cory, Shelbina, Mo	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Iva Cory, Shelbina, 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 3 hours	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary disease & hypertension		Do not know	
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 (Month) (Day) (Year) (Hour) OF INJURY		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 Jan 6, 1950, to Jan 23, 1950, that I last saw the deceased alive on Jan 23, 1950, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Gladys Bowen M.D. Shelbina Mo.		23b. ADDRESS		23c. DATE SIGNED Jan 24, 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-25-1950		24c. NAME OF CEMETERY OR CREMATORY Lima Cemetery	
				24d. LOCATION (City, town, or county) (State) Lima, Ill.	

DATE REC'D BY LOCAL REG. Jan 24-1950		REGISTRAR'S SIGNATURE Ada Garrison 419		EMERALD DIRECTOR'S SIGNATURE ADDRESS Million & Barkeley, Shelbina, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

JAN 30 1950

District Health Officer No. \_\_\_\_\_

District File Number \_\_\_\_\_

Date Filed JAN 30 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 W. Hawkins

Licensed Embalmer No. 3498

P. O. Address Shelburne, 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.