

FILED MAR 6 1950

STANDARD CERTIFICATE OF DEATH

State File No. 4795

BIRTH NO. 7770-50 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 678

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>		
b. CITY (If outside corporate limits, write RURAL and give township) <i>Kansas City</i>		c. LENGTH OF STAY (in this place) <i>3 hrs 35 min</i>	c. CITY (If outside corporate limits, write RURAL and give township) <i>Kansas City</i>		d. STREET ADDRESS (If rural, give location) <i>8613 Highland</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Mary's Hospital</i>			d. STREET ADDRESS (If rural, give location) <i>8613 Highland</i>		
3. NAME OF DECEASED (Type or Print) a. (First) <i>Sheran</i> b. (Middle) <i>Louise</i> c. (Last) <i>Cornor</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>2-12-1950</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED (NEVER MARRIED) WIDOWED, DIVORCED (Specify) <i>W</i>	8. DATE OF BIRTH <i>2-12-1950</i>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Newborn</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>newborn</i>	11. BIRTHPLACE (State or foreign country) <i>Kansas City, Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>Lyle Murray Cornor</i>		13b. MOTHER'S MAIDEN NAME <i>Johnn Myener</i>		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 <i>Mr Lyle Cornor</i>		
17. ADDRESS <i>8613 Highland</i>					

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) <i>Persistent Ductus</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2-12-50</i>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>arteriosus</i>			3 hrs 35 min
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>7541</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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 *2-12-50* to *2-12-50* that I last saw the deceased alive on *2-12-50* and that death occurred at *4:10 p.m.*, from the causes and on the date stated above.

22a. SIGNATURE <i>Jacob J. Farney</i> (Degree or title) <i>MD</i>		22b. ADDRESS <i>6305 Brookside Pk</i>	22c. DATE SIGNED <i>2-12-50</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>2-13-50</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Foxrest Hill</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo</i>
DATE REC'D BY LOCAL REG. <i>2-14-50</i>	REGISTRAR'S SIGNATURE <i>Sheraldine Holmes</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Chas G. Hunt</i> ADDRESS <i>4314 Grand</i>	

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

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed Thomas E. Quir

Licensed Embalmer No. 3775

P. O. Address _____

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.