

FILED FEB 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5585

BIRTH NO.		REG. DIST. NO. <i>214</i>	PRIMARY REG. DIST. NO. <i>4872</i>	Registrar's No. <i>34</i>
1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway		
b. CITY (If outside corporate limits, write RURAL and give township) Burlington Junction		c. LENGTH OF STAY (in this place)		
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence		c. CITY (If outside corporate limits, write RURAL and give township) Burlington Junction <i>0740</i>		
3. NAME OF DECEASED (Type or Print) a. (First) Laura b. (Middle) Ellen c. (Last) Corken		4. DATE OF DEATH (Month) Jan (Day) 27 (Year) 1950		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 8, 1865	
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months 8 Days 19		IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Toulon, Illinois
12. CITIZEN OF WHAT COUNTRY? US		13a. FATHER'S NAME Joab Nicholas		
13b. MOTHER'S MAIDEN NAME Aleinda Colwell		14. NAME OF HUSBAND OR WIFE James S Corken		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Hubert Corken Burlington, Jct 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis (diagnosed) <i>1 yr.</i> DUE TO (c) Unknown II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 1 day 4322
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 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 Jan 27, 1950 , to Jan 27, 1950 , that I last saw the deceased alive on Jan 27, 1950 , and that death occurred at 4 A.M. , from the causes and on the date stated above.				
23a. SIGNATURE L. E. Wallace D.D.		23b. ADDRESS Burlington Jct. Mo.		23c. DATE SIGNED 1-29-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 29, 1950		24c. NAME OF CEMETERY OR CREMATORY Ohio Cemetery
24d. LOCATION (City, town, or county) (State) Burlington Jct Mo		24e. DATE 1/29/50		
DATE REC'D BY LOCAL REG. 2-18-50		REGISTRAR'S SIGNATURE Beas		25. FUNERAL DIRECTOR'S SIGNATURE W. H. ...
ADDRESS Burl. Jct Mo				

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

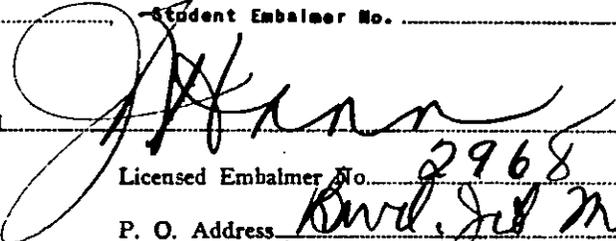


STATEMENT BY LICENSED EMBALMER

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

Signed 
Student Embalmer No.
Licensed Embalmer No. 2968
P. O. Address Over, Jct 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.