

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9678

FILED MAR 22 1950

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>5796</u>		Registrar's No. <u>19</u>		
1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>				2. USUAL RESIDENCE (Where deceased lived. If legislation: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California</u>		c. LENGTH OF STAY (in this place) <u>10 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>M's Lake</u>		<u>1680</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Latham Sanitarium</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lawrence</u> b. (Middle) <u>Edward</u> c. (Last) <u>Cornet</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 6 - 1950</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Sept 9 1941</u>		
9. AGE (In years last birthday) <u>9</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>School</u>		11. BIRTHPLACE (State or foreign country) <u>Co. County, Mo</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Bernard Cornet</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Cathine</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year or unknown) (If yes, state date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bernard Cornet - M's Lake</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>Appendicitis acute</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic appendicitis & Calculus</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____					INTERVAL BETWEEN ONSET AND DEATH <u>2 week</u> <u>1 year</u> <u>550</u>	
19a. DATE OF OPERATION <u>Feb 24</u>		19b. MAJOR FINDINGS OF OPERATION <u>not performed</u> <u>Acute, gangrenous, appendicitis, + perforated</u>					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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>no history of injury</u>				
22. I hereby certify that I attended the deceased from <u>Feb 22, 1950</u> , to <u>Mar 6, 1950</u> , that I last saw the deceased alive on <u>Mar 6, 1950</u> , and that death occurred at <u>7:05 p. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>L. L. Latham M.D.</u>				23b. ADDRESS <u>California Mo</u>		23c. DATE SIGNED <u>3-7-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Mar 6/1950</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) _____		
DATE REC'D BY LOCAL REG. <u>3/7/50</u>		REGISTRAR'S SIGNATURE <u>W. Popejoy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James Levine</u>		ADDRESS <u>Lynn 25</u> <u>710</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MAR 20 1950
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 _____

Licensed Embalmer No. 3641

P. O. Address Yuma

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.