

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22426

FILED JUL 7 1950

BIRTH NO. _____ REG. DIST. NO. 323 PRIMARY REG. DIST. NO. 4474 Registrar's No. 26

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

1. PLACE OF DEATH a. COUNTY SALINE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SALINE	
b. CITY (If outside corporate limits, write RURAL and give township) SWEET SPRINGS		c. CITY (If outside corporate limits, write RURAL and give township) SWEET SPRINGS	
c. LENGTH OF STAY (in this place) 4 yrs.		d. STREET ADDRESS (If rural, give location) 0970 D	
d. FULL NAME OF HOSPITAL OR INSTITUTION SWEET SPRINGS, Mo			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) EDWIN c. (Last) CORLEY			4. DATE OF DEATH (Month) (Day) (Year) July 18-1950		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH Mar-16-1876		9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months Days 6 2	
IF UNDER 24 HRS. Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY RETIRED	
11. BIRTHPLACE (State or foreign country) ALMA - MISSOURI			12. CITIZEN OF WHAT COUNTRY? U.S.		

13a. FATHER'S NAME Wm. H. CORLEY		13b. MOTHER'S MAIDEN NAME SARAH LAUDERBACK		14. NAME OF HUSBAND OR WIFE GEORGIA MARQUIS CORLEY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Cecil Lemke - Sweet Springs, 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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolism		INTERVAL BETWEEN ONSET AND DEATH approx. 10d.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) arteriosclerotic heart disease			
		DUE TO (c) generalized arteriosclerosis			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				49-012	

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) 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 **2-22**, 19**50**, to **18 June 1950**, that I last saw the deceased alive on **17 June 1950**, and that death occurred at **5:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Ralph H. Jones (Degree or title) M.D.		23b. ADDRESS Sweet Springs, Mo		23c. DATE SIGNED 19 June 1950	
24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL		24b. DATE 6-20-50		24c. NAME OF CEMETERY OR CREMATORY WAVERLY CEMETERY	
				24d. LOCATION (City, town, or county) (State) WAVERLY, Mo	

DATE REC'D BY LOCAL REG. 6/19/50		REGISTRAR'S SIGNATURE Dolly Anderson		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS L. F. Racker - Sweet Springs, Mo	
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RECEIVED

JUN 26

District Health Officer No. 8,

District File Number

Date Filed

7-6-20

JAN 27 1955

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

L. F. Parker

Licensed Embalmer No.

3840

P. O. Address

Sweet Springs, 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.