

FILED JUL 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22869
Registrar's No. 8152869

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134

1. PLACE OF DEATH
a. COUNTY Buchanan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Buchanan

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 110

d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Route # 3 Wash. Twp.

d. STREET ADDRESS (If rural, give location) 1809 1/2 So 10th St. 0

3. NAME OF DECEASED
a. (First) Alice b. (Middle) _____ c. (Last) Cornwell

4. DATE OF DEATH (Month) (Day) (Year) July 8, 1950

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Nov. 10, 1869

9. AGE (In years last birthday) 80

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Chenoa, Ills. /

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thomas Gainer

13b. MOTHER'S MAIDEN NAME Alice

14. NAME OF HUSBAND OR WIFE Elmer Cornwell

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 ADDRESS Mrs. Marie Ille, Hermiston, Ore.

18. CAUSE OF DEATH MEDICAL CERTIFICATION

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) _____

ANTECEDENT CAUSES
DUE TO (b) Abdominal Tumor, Malignant.
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) Unknown

INTERVAL BETWEEN ONSET AND DEATH
1 yr.
1991

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Mitral Insufficiency

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 10, 1950, to July 8, 1950, that I last saw the deceased alive on July 7, 1950, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE J.R. Elliott M.D. (Degree or title)

23b. ADDRESS 801 1/2 Francis, St. Joseph, Mo.

23c. DATE SIGNED 7/9/1950

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE July 11, 1950

24c. NAME OF CEMETERY OR CREMATORY I O O F Cemetery

24d. LOCATION (City, town, or county) (State) Ponca City, Oklahoma

DATE REC'D BY LOCAL REG. July 15, 1950

REGISTRAR'S SIGNATURE H. E. Jenkins 382

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Barry Funeral Home, St. Joseph, MO

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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. ~~XXXXXX~~

working under my personal supervision.

Signed Charles E. Bennett

Signed.....
Student Embalmer

Licensed Embalmer No. 4677

P. O. Address St. Joseph, 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.