

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12162

FILED MAY 15 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 4185 Registrar's No. 9

0360

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

1. PLACE OF DEATH a. COUNTY <i>Franklin</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <i>Mo</i> b. COUNTY <i>Franklin</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Clair</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Clair - 0360</i>	
c. LENGTH OF STAY (in this place) <i>Years</i>		d. STREET ADDRESS (If rural, give location) <i>Wood -</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Clair - Mo</i>			

3. NAME OF DECEASED (Type or Print)	a. (First) <i>Tiona</i>	b. (Middle) <i>2</i>	c. (Last) <i>Hudley</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>4-20-1951</i>
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5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>7-24-1863</i>	9. AGE (In years last birthday) <i>87</i>	<i>8</i> MONTHS <i>20</i> DAYS	<i>20</i> HOURS <i>15</i> MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House work - H-House</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Brighton, Ill.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Henry C. Cornell</i>	13b. MOTHER'S MAIDEN NAME <i>Mary Cole</i>	14. NAME OF HUSBAND OR WIFE <i>Charlie</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <i>no</i>	17. INFORMANT'S SIGNATURE OR NAME <i>E. W. Wainwright</i>	ADDRESS <i>St. Clair</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <i>Arteriosclerotic Psychosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 yrs.</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c)		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition directly leading to death. <i>General Arteriosclerosis - Years</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>4501</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from *3-*, 19*51*, to *4-20*, 19*51*, that I last saw the deceased alive on *4-20*, 19*51*, and that death occurred at *20* m., from the causes and on the date stated above.

23a. SIGNATURE <i>W. E. Kitchell, M.D.</i>	(Degree or title)	23b. ADDRESS <i>St. Clair Mo</i>	23c. DATE SIGNED <i>4/21/51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>4-23-51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Old Hill</i>	24d. LOCATION (City, town, or county) (State) <i>St. Clair - Mo</i>
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DATE REC'D BY LOCAL REG. <i>4-23-51</i>	REGISTRAR'S SIGNATURE <i>E. L. Worthington</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Harold J. Gehl</i>	ADDRESS <i>St. Clair, Mo.</i>
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DISTRICT HEALTH OFFICE No. 4

MAY 8 1951

RECEIVED

JUN 1 1951

MAY 6 1951

File No. 51958

JAN 5 1951

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 Embalmer No.....

Signed.....

*Sherrill W. Mitchell*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3873

P. O. Address St. Clair, 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.