

FILED JUL 30 1951

STANDARD CERTIFICATE OF DEATH

State File No. 25940

082 King

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

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 125

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Nevada</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Nevada</u>	
c. LENGTH OF STAY (in this place) <u>40 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>422 N. Cedar St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada City Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u>		b. (Middle) <u>Corwan</u>	
c. (Last) <u>Boorman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 15, 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>	8. DATE OF BIRTH <u>12-31-1878</u>
9. AGE (In years last birthday) <u>72</u>		10. AGE (In years last birthday) <u>6</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	
11. BIRTHPLACE (State or foreign country) <u>Virginia Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>L.S. Corwan</u>		13b. MOTHER'S MAIDEN NAME <u>Rachel Corwan</u>	
14. NAME OF HUSBAND OR WIFE <u>D.B. Boorman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Francis Boorman</u>		ADDRESS <u>Nevada Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		INTERVAL BETWEEN ONSET AND DEATH <u>years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <input checked="" type="checkbox"/>		19b. MAJOR FINDINGS OF OPERATION <u>331X</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) (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 <u>July 14, 1951</u> , to <u>July 15, 1951</u> , that I last saw the deceased alive on <u>July 14, 1951</u> , and that death occurred at <u>7:50 A.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. King M.D.</u>		23b. ADDRESS <u>Nevada, Mo.</u>	
23c. DATE SIGNED <u>7-19-1951</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7-16-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Deerwood</u>		24d. LOCATION (City, town, or county) (State) <u>Nevada Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-20-1951</u>		REGISTRAR'S SIGNATURE <u>Anna E. F. Brink</u>	
451		FUNERAL DIRECTOR'S SIGNATURE <u>Lehinger Funeral Home</u>	
ADDRESS <u>Nevada Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

251

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED JUL 23 1951
Dist. File 251-1412
Date Filed 7-26-51

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.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.