

FILED AUG 31 1951

STANDARD CERTIFICATE OF DEATH

State File No. 26106

BIRTH NO. _____		REG. DIST. NO. <u>27</u>		PRIMARY REG. DIST. NO. <u>3005</u>		Registrar's No. <u>75</u>				
1. PLACE OF DEATH a. COUNTY <u>Bates 0071</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Bates Co.</u> b. COUNTY <u>Mo</u>						
b. CITY (If outside corporate limits, write RURAL and give township) <u>Butler</u>		c. LENGTH OF STAY (in this place) <u>2 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Mingo 0070</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>										
3. NAME OF DECEASED a. (First) <u>Clyde</u> (Type or Print)			b. (Middle) <u>Luewis</u>		c. (Last) <u>Corn</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 18 1951</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 20 1903</u>		9. AGE (In years last birthday) <u>48</u> UNDER 1 YEAR: Months <u>2</u> Days <u>28</u> OF UNDER 1 YEAR: Hours <u></u> Mins. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Repair</u>		11. BIRTHPLACE (State or foreign country) <u>Wayne Co. Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>McCally Corn</u>			13b. MOTHER'S MAIDEN NAME <u>Maud Stephens</u>			14. NAME OF HUSBAND OR WIFE <u>Mary Ellen Corn</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>500-283139</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edith Dowdy - Butler, Mo.</u>				ADDRESS		
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis</u>				INTERVAL BETWEEN ONSET AND DEATH		
				ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u></u> rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u></u>						
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Coronary Arteriosclerosis</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>442X</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?						
22. I hereby certify that I attended the deceased from <u>8-10-51</u> to <u>8-18-51</u> , that I last saw the deceased alive on <u>8-18-51</u> , and that death occurred at <u>6:40 P.M.</u> from the causes and on the date stated above.										
23a. SIGNATURE <u>L. D. Latture, Jr.</u>				(Degree or title)		23b. ADDRESS <u>Butler, Mo.</u>		23c. DATE SIGNED <u>8-20-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-20-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Peter Creek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wrich, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>8/20/1951</u>		REGISTRAR'S SIGNATURE <u>Ronald Brown</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert Arnold - Craghton, Mo.</u>				ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

8-30-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-30-51

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 Robert Arnold

Signed.....

Student Embalmer

Licensed Embalmer No. 3621

P. O. Address Creston 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.