

FILED OCT 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33044

State File No. _____
Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 4149

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cuba</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cuba</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>0280</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANTONIA</u> b. (Middle) <u>ELISE</u> c. (Last) <u>CORNMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 14 - 1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 6, 1972</u>		9. AGE (In years last birthday) <u>78</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>St Louis Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>DAVID KREYLING</u>		13b. MOTHER'S MAIDEN NAME <u>AUGUST HAHN</u>		14. NAME OF HUSBAND OR WIFE <u>JAMES FRANK CORNMAN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Della Ritchie</u> ADDRESS <u>Cuba Missouri</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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 Yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Do not know</u>		
	DUE TO (c) <u>Interstitial Nephritis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>4500</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 Aug. 13, 1951, to Oct. 14, 1951, that I last saw the deceased alive on Oct. 12, 1951, and that death occurred at 9:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. G. A. Herzog, M.D.</u> (Degree or title)		23b. ADDRESS <u>Cuba, Mo.</u>		23c. DATE SIGNED <u>Oct. 15, 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 16, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kinday</u>	
24d. LOCATION (City, town, or county) <u>Cuba</u>		24e. (State) <u>MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman O. Roemer</u> ADDRESS <u>Cuba, MO</u>	
DATE REC'D BY LOCAL REG. <u>10/16/1951</u>		REGISTRAR'S SIGNATURE <u>Paul H. Shanklin</u>		372	

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

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.....

Norman O. Haener

Signed.....

Student Embalmer

Licensed Embalmer No. *4673*

P. O. Address *Cuba, Missouri*

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.