

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4155**  
Registrar's No. **53**

FILED FEB 18 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008**

0143  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Howard</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Fulton</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Glasgow</b> <b>0454</b>	
c. LENGTH OF STAY (in this place) <b>24 hrs</b>		d. STREET ADDRESS (If rural, give location) <b>/</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hosp. No. 7</b>			

3. NAME OF DECEASED a. (First) <b>MARGARET</b> b. (Middle) _____ c. (Last) <b>CORNELL</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 8 1952</b>		
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>May 13, 1881</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>26</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (State or foreign country) <b>Portland Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME <b>Christy Cornell</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Piggott</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		INFORMANT'S SIGNATURE OR NAME <b>Hospital Records</b>		ADDRESS <b>Fulton Mo</b>	
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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						INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocarditis</b>						
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4222</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)		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 **Jan 1, 1949**, to **Feb 8, 1952**, that I last saw the deceased alive on **Feb. 7, 1952**, and that death occurred at **5:20 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>M. J. Miller MD</b> (Degree or title)		23b. ADDRESS <b>State Hosp. Fulton Mo</b>		23c. DATE SIGNED <b>2/8/52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb 11/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Alphonsus</b>		24d. LOCATION (City, town, or county) (State) <b>Merivoo Mo</b>	
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DATE REC'D BY LOCAL REG. <b>Feb 13-1952</b>		REGISTRAR'S SIGNATURE <b>Margaret Lawrence</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Maupin</b>		ADDRESS <b>F. N. Fulton Mo</b>	
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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. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*J. W. Patton*

Licensed Embalmer No. *2555*

P. O. Address *Patton 210*

**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.