

FILED FEB 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **7132**

BIRTH NO. _____ **REG. DIST. NO.** 374 **PRIMARY REG. DIST. NO.** 4347 **Registrar's No.** 9

1. PLACE OF DEATH
a. COUNTY North
b. CITY (If outside corporate limits, write RURAL and give township) Grant City
c. LENGTH OF STAY (in this place) All Life
d. FULL NAME OF HOSPITAL OR INSTITUTION Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY North
c. CITY (If outside corporate limits, write RURAL and give township) Grant City Mo
d. STREET ADDRESS (If rural, give location) City (No Street Address)

3. NAME OF DECEASED
(Type or Print) a. (First) Caroline b. (Middle) (none) c. (Last) Cornes

4. DATE OF DEATH (Month) Feb (Day) 16 (Year) 1952

5. SEX Female **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** widowed **8. DATE OF BIRTH** June 22 - 1856

9. AGE (In years last birthday) 95 **IF UNDER 1 YEAR** Months 7 Days 24 **IF UNDER 24 HRS.** Hours 4 Min. +

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife **10b. KIND OF BUSINESS OR INDUSTRY** None **11. BIRTHPLACE** (State or foreign country) Indiana **12. CITIZEN OF WHAT COUNTRY** U.S.

13a. FATHER'S NAME William Hitchings **13b. MOTHER'S MAIDEN NAME** Kate Ketchum **14. NAME OF HUSBAND OR WIFE** Jim Cornes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No **16. SOCIAL SECURITY NO.** None **17. INFORMANT'S SIGNATURE OR NAME** Cleve Spurgeon **ADDRESS** Grant City Mo

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis
ANTECEDENT CAUSES
Morbid 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** _____

20. AUTOPSY? YES ☐ NO ☒

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** ☐ **NOT WHILE AT WORK** ☐ **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from 1947, to Feb 16, 1952, that I last saw the deceased alive on Feb 15, 1952, and that death occurred at 9:30 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank B. Matheson M.D. **23b. ADDRESS** Grant City, Mo. **23c. DATE SIGNED** 2-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** Feb 18 - 52 **24c. NAME OF CEMETERY OR CREMATORY** Grant City Cemetery **24d. LOCATION (City, town, or county) (State)** Grant City Mo

DATE REC'D BY LOCAL REG. Feb 19, 1952 **REGISTRAR'S SIGNATURE** Pete C. Lawrence **345-50** **FUNERAL DIRECTOR'S SIGNATURE** John Anderson **ADDRESS** Grant City Mo

(Licensed Embalmer's Statement on Reverse Side)

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

1130

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 _____

John Andrews

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

John Andrews
Licensed Embalmer No. *4211*

P. O. Address. *Grant City, 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.