X
No. 300
10.48

FILED MAY 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12364

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 62

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Excelsior Springs
c. LENGTH OF STAY (In this place): 5 day 4 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Excelsior Springs Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Macon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Cambria
d. STREET ADDRESS (If rural, give location): Rural Route I

3. NAME OF DECEASED (Type or Print)
a. (First): ELINOR
b. (Middle): E.
c. (Last): CORNELISON

4. DATE OF DEATH (Month) (Day) (Year): April 18, 1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct. 27, 1913
9. AGE (In years last birthday): 38 — If under 1 year: Months 5, Days 21 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Saginaw, Mich.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: John Mertz
13b. MOTHER'S MAIDEN NAME: Alice Ellis
14. NAME OF HUSBAND OR WIFE: Vernon A. Cornelison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: yes, not known
17. INFORMANT'S SIGNATURE OR NAME: Vernon A. Cornelison, RR I
ADDRESS: New Cambria 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia (terminal) — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Automobile accident resulting in Shock - Chest injury - S
DUE TO (c) fractures of ribs - fractured left humerus

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.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Rural - Hwy 69 Clinton Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): April 13, 1952 5:15 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Automobile accident

22. *I hereby certify that I attended the deceased from* 4/13, 1952, *to* 4/25, 1952, *that I last saw the deceased alive on* 4/25, 1952, *and that death occurred at* 9:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Eugene B. Robinson
(Degree or title): MD
23b. ADDRESS: Excelsior Springs, Mo
23c. DATE SIGNED: 4/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: April 19/52
24c. NAME OF CEMETERY OR CREMATORY: Bucklin Cemetery
24d. LOCATION (City, town, or county) (State): Bucklin, Mo.

DATE REC'D BY LOCAL REG.: 4/19/52
REGISTRAR'S SIGNATURE: Caroline Hutchings 62-1
25. FUNERAL DIRECTOR'S SIGNATURE: Hope Funeral Home, Virgil Hope
ADDRESS: Excelsior Springs Mo

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 14 [illegible]

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 Everett L. Lee

Licensed Embalmer No. 4864

P. O. Address Excelsior Springs

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.