

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13763**

FILED APR 22 1952

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 122

804
1

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

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>OR</u> TOWN <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>OR</u> TOWN <u>Sedalia</u>	
c. LENGTH OF STAY (In this place) <u>8 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>922 E. 3rd St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>922 E. 3rd St</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) <u>Emma</u>			Apr 10, 1952			
b. (Middle) <u>N.</u>						
c. (Last) <u>Cornelius</u>						
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug 9, 1876</u>	9. AGE (In years less birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>1</u>	IF UNDER 24 HRS. Hours <u>1</u> Min.
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>U</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Samuel B. Voyles</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Bodkins Voyles</u>		14. NAME OF HUSBAND OR WIFE <u>Alson N. Cornelius</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Chester Anderson, Sedalia</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis and Myocardial Degeneration</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>****</u>		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) <u>*****</u>		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 Dec, 1949, to 10 Apr, 1952 that I last saw the deceased alive on 10 Apr, 1952, and that death occurred at 7:40 P.m., from the causes and on the date stated above.

23a. SIGNATURE Glenn A. Walker D.O. (Degree or title) 23b. ADDRESS 400 W 4th St. Sedalia, Mo. 23c. DATE SIGNED 4/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Apr 12, 52 24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery 24d. LOCATION (City, town, or county) (State) Sedalia, Mo

DATE REC'D BY LOCAL REG. 4/11/52 REGISTRAR'S SIGNATURE [Signature] FEDERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Sedalia, Mo

MAY 15 1962

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 P. C. Baker.....

Licensed Embalmer No. 2419.....

P. O. Address Sedalia.....

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.