

FILED FEB 1 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Furnon 1173
State File No.

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>	
c. LENGTH OF STAY (in this place) <u>16 Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>2006 Mabel St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2006 Mabel St.</u>		d. STREET ADDRESS <u>2006 Mabel St.</u>	

3. NAME OF DECEASED (Type or Print) <u>Edwin Cornwell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 26, 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 29, 1869</u>		9. AGE (in years last birthday) <u>83</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer (Ret)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Spickard, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Clay Cornwell</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Robins</u>		14. NAME OF HUSBAND OR WIFE <u>Della Fears</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edwin Cornwell, Trenton, Mo.</u>			
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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, asthenia, 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) <u>Bronchial Pneumonia</u>	DUPLICATE				
ANTECEDENT CAUSES	DUPLICATE				
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUPLICATE				
DUPLICATE	DUPLICATE				
II. OTHER SIGNIFICANT CONDITIONS	DUPLICATE				
Conditions contributing to the death but not related to the disease or condition causing death.	DUPLICATE				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4500</u>				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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-1953 to 1-26-1953, that I last saw the deceased alive on 1-25-1953, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. A. Furnon</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Trenton, Missouri</u>	23c. DATE SIGNED <u>1-27-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 28, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Martin Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Grundy County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-28-53</u>	REGISTRAR'S SIGNATURE <u>Aene Fair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gipson-Oyler</u>	ADDRESS <u>Trenton, Mo.</u>
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Maurice Oyley

Licensed Embalmer No. 14442

P. O. Address Trenton, 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.