

FILED JAN 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4449

State File No.

BIRTH NO. _____ REG. DIST. NO. 323 PRIMARY REG. DIST. NO. 4474 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sweet Springs	c. LENGTH OF STAY (in this place) 7 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sweet Springs 0970	
d. FULL NAME OF HOSPITAL OR INSTITUTION 117 Walnut		d. STREET ADDRESS (If rural, give location) 117 Walnut	

3. NAME OF DECEASED (Type or Print) a. (First) Georgia b. (Middle) Ella c. (Last) Corley			4. DATE OF DEATH (Month) (Day) (Year) January 15, 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH May 14, 1874		9. AGE (In years last birthday) 78 if under 1 year: Months 8 Days 1 if under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Dover, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME James Thomas Marquis		13b. MOTHER'S MAIDEN NAME Artimesia A. Weedin		14. NAME OF HUSBAND OR WIFE William E. Corley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Oscar Lemke, Sweet Springs	

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) Cerebral Angiopathy INTERVAL BETWEEN ONSET AND DEATH 3-4d ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascularis. DUE TO (c) Generalized arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple previous cerebral hemorrhage		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 443X		20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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) m.		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 Feb -, 1950, to 159, 1953, that I last saw the deceased alive on 159, 1953 and that death occurred at 10:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ralph H. Jones M.D.	23b. ADDRESS Sweet Springs, Mo.	23c. DATE SIGNED 1/15/53
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 1953	24c. NAME OF CEMETERY OR CREMATORY Waverly Cemetery	24d. LOCATION (City, town, or county) (State) Waverly, Missouri
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DATE REC'D BY LOCAL REG. 1/17/53	REGISTRAR'S SIGNATURE Dolly Anderson	25. FUNERAL DIRECTOR'S SIGNATURE L. Parker	ADDRESS Sweet Springs,
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(Licensed Embalmer's Statement on Reverse Side)

MO.

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



Licensed Embalmer No. 3840

P. O. Address Sweet Springs, 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.