

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11403

State File No. ....

FILED APR 10 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3395

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. STATE <u>Arkansas</u>	b. COUNTY <u>Crittenden</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>		c. CITY OR TOWN <u>Marion</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
		e. STREET ADDRESS (If rural, give location)	<u>8030</u>

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Dee</u>	b. (Middle) <u>B.</u>	c. (Last) <u>Cornatzar</u>	4. DATE OF DEATH (Month) (Day) (Year)
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Oct. 29, 1875</u>	9. AGE (In years last birthday) <u>77</u> IF UNDER 1 YEAR Months Days IF UNDER 6 HRS. Hours 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>At Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Humboldt, Tenn.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>Henry C. Burnett</u>	13b. MOTHER'S MAIDEN NAME <u>Julia Warren</u>	14. NAME OF HUSBAND OR WIFE <u>John N.</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>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>T.H. Banister, 437 Carswold Dr.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		<u>9 hours</u>
	ANTEREDENT CAUSES DUE TO (b) <u>Hypertensive, Arteriosclerotic</u>		
	DUE TO (c) <u>heart disease - compensated</u>		<u>10 yrs</u>
	OTHER SIGNIFICANT CONDITIONS <u>Fracture left hip</u>		<u>11 mos</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200 F</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Marion Ark</u>

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Mar 1952</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fall at home</u>
22. I hereby certify that I attended the deceased from <u>April 1952</u> to <u>March 1953</u> that I last saw the deceased alive on <u>28 Mar, 1953</u> and that death occurred at <u>1:30 p.m.</u> , from the causes and on the date stated above.		

23a. SIGNATURE (Degree or title) <u>Warren M. Lorenz M.D.</u>	23b. ADDRESS <u>457 N. Kings Highway</u>	23c. DATE SIGNED <u>30/3/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3-30-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City</u>
		24d. LOCATION (City, town, or county) (State) <u>Humboldt, Tenn.</u>

DATE REC'D BY LOCAL REG. <u>MAR 30 1953</u>	REGISTRAR'S SIGNATURE <u>A. Carl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed *J. Wm Binkley*.....  
Licensed Embalmer No. *38*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.