V.S. No. 300
Rev. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13455

BIRTH NO. FILED MAY 4 1953 REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 157

1. PLACE OF DEATH
a. COUNTY: Callaway 0143
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton
c. LENGTH OF STAY (in this place): 9 Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Callaway Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Callaway 1143
c. CITY OR TOWN: Fulton
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 6 Schultz

3. NAME OF DECEASED (Type or Print)
a. (First): Wesley
b. (Middle): H.
c. (Last): Corvey

4. DATE OF DEATH (Month) (Day) (Year): April 27 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan-27-1888
9. AGE (In years last birthday): 65 — If under 1 year: Months 3, Days 0 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Electrician
10b. KIND OF BUSINESS OR INDUSTRY: city of Fulton
11. BIRTHPLACE (City and State or Foreign Country): ~~Warren~~ MONTGOMERY Co, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Corvey
13b. MOTHER'S MAIDEN NAME: Minnie ??
14. NAME OF HUSBAND OR WIFE: Martha Littrell Corvey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): W.W.1 ~~#No~~
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. W. H. Corvey 6 Schultz, Fulton

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 hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerotic C.V.R — yrs
~~DUE TO~~ (c): Diabetes mellitus with coma — 18 hours

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Cylindroma metastatic both lungs — 3 yrs

19a. DATE OF OPERATION
19b. ~~MAJOR FINDINGS OF OPERATION~~: from submaxillary gland RT
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.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 443 X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1953, *to* 27 April, 1953, *that I last saw the deceased alive on* 27 April, 1953, *and that death occurred at* 7 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. R. Gosh MD
23b. ADDRESS: Fulton Mo
23c. DATE SIGNED: 30 April 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr-29-1953
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest
24d. LOCATION (City, town, or county) (State): Fulton Mo

DATE REC'D BY LOCAL REG.: Apr. 30-1953
REGISTRAR'S SIGNATURE: Maretta Lawrence 426-0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Wallace Funeral Home Fulton, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 8 1953

MAY 18 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William E. Frehse

Licensed Embalmer No. 4874

P. O. Address Fulton.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.

5 1953

State of Missouri
County of Callaway } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 13455-53
Local Registrar's No. 157

On this 14th day of May, 1953, before me appears Mrs. Martha Corvey, who, upon oath, states that the original record of ~~birth~~ death for Wesley H. Corvey died born April 27, 1953, in the State of Missouri, and which was filed at Jefferson City on Apr 30, 1953, should be corrected as follows:

Item No. 11 should read Montgomery Co
Instead of Warren Co

Item No. 15 should read World War # 1
Instead of No

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Martha Corvey Wife
Relationship.

6 Schultz Ave. Fulton, Mo.
Present Address.

Subscribed and sworn to before me this 14th day of May, 1953

My Commission expires My Commission Expires September 18, 1953 Aveta F. Browning Notary Public.

...pted, draw one line through error and write above it.