No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13916

FILED MAY 4 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 4200 Registrar's No. 427

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ash Grove
c. LENGTH OF STAY (in this place): 60 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ash Grove 0390
d. STREET ADDRESS (If rural, give location): 8

3. NAME OF DECEASED (Type or Print): a. (First) Albert b. (Middle) Anson c. (Last) Corliss

4. DATE OF DEATH (Month) April (Day) 26 (Year) 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: August 12-1874
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 8, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): New York State /
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: John Corliss
13b. MOTHER'S MAIDEN NAME: UnKnown
14. NAME OF HUSBAND OR WIFE: Ellen Corliss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 500-36-5759
17. INFORMANT'S SIGNATURE OR NAME: Mrs. A.A. Corliss — ADDRESS: Ashgrove Mo

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) Toxemia & Debility — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Hemorrhage — 1 month
DUE TO (c) Arteriosclerosis — Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 331X
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):
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* June, 1944, *to* April 26, 1953, *that I last saw the deceased alive on* April 26, 1953, *and that death occurred at* 12:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Homer F. Matz MD
23b. ADDRESS: Ash Grove, Mo
23c. DATE SIGNED: 4-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 28-1953
24c. NAME OF CEMETERY OR CREMATORY: Ash Grove Cemetery
24d. LOCATION (City, town, or county) (State): Ash Grove Mo.

DATE REC'D BY LOCAL REG.: 4-28-53
REGISTRAR'S SIGNATURE: Edith Williamson County Registrar
25. FUNERAL DIRECTOR'S SIGNATURE: J W Birch — ADDRESS: Ash Grove Mo

(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 .....
Student Embalmer

Signed Richard E. Watts

Licensed Embalmer No. 4653

P. O. Address Oak Grove

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.