

FILED MAY 19 1953

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

17553

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>101</u>		PRIMARY REG. DIST. NO. <u>5411</u>		Registrar's No. <u>27</u>	
1. PLACE OF DEATH a. COUNTY <u>Douglas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>			
b. CITY OR TOWN <u>Rural, Spencer</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>Londland</u>		1120	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) <u>MARY</u>		a. (First) <u>ABIGAIL</u>		c. (Last) <u>CORNELISON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 7 1953</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>		8. DATE OF BIRTH <u>Jan. 21, 1871</u>	
9. AGE (In years last birthday) <u>82</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 1 YEAR Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Shadens Sturdevant</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Parks</u>		14. NAME OF HUSBAND OR WIFE <u>George L. (Dec.)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>RALPH CORNELISON</u> ADDRESS <u>LA JUNTA, COLO.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral accident, thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>					
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>① abnormal function of uterus</u> <u>② arteriosclerosis, severe, &amp; arteriosclerosis in heart disease</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>		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) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>2 Apr. 1953</u> , to <u>May 7, 1953</u> , that I last saw the deceased alive on <u>4 May, 1953</u> , and that death occurred at <u>2:40</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. D. Royer</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Osage, MO</u>		23c. DATE SIGNED <u>9 May 53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-11-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Chapel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Christian Co., Missouri</u>	
DATE REC'D BY LOCAL REG. <u>May 12-53</u>		REGISTRAR'S SIGNATURE <u>Walter Bushman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. K. Terrell</u> ADDRESS <u>Londland, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

340  
1

MAR 3 1950

MAR 6 1950

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

*M. K. Ferrell*

Signed.....  
Student Embalmer

Licensed Embalmer No..... *4910*

P. O. Address..... *Fordland, Me.*

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.