

STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED JUN 15 1953

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 107

742
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>		
b. CITY OR TOWN <u>Maryville</u>		c. LENGTH OF STAY (in this place) <u>1 hr.</u>	c. CITY OR TOWN <u>Maryville</u>		<u>0742</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Miriam Cemetery</u>			d. STREET ADDRESS (If rural, give location) <u>412 West 9th</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u>		b. (Middle) <u>WEBB</u>	c. (Last) <u>CORNELL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6 1 53</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6/14/87</u>	9. AGE (in years last birthday) <u>66</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant - retired</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Burlington Jct., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Peter Cornell</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Alice Webb</u>	14. NAME OF HUSBAND OR WIFE <u>Zema Vance Cornell</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. J. W. Cornell, Maryville, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suicide</u>				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) <u>Depressive melancholia 4 yrs.</u>					
DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E976X</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>no operations</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) <u>a cemetery</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Maryville Nodaway Mo</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 1 - 1953 2:30 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Suicide by 22 Rifle shot into brain</u>		
22. I hereby certify that I attended the deceased from <u>Nodaway, Mo</u> on <u>June 1</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Apr 5 1953</u> , and that death occurred at <u>2:30 PM</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>D. H. Dean M.D.</u> (Degree or title) <u>Coroner</u>			23b. ADDRESS <u>Maryville, Missouri</u>		23c. DATE SIGNED <u>5-5-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/4/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Graham</u>	24d. LOCATION (City, town, or county) (State) <u>Graham, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>6-12-53</u>		REGISTRAR'S SIGNATURE <u>Bess</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Price Funeral Home, Maryville, Mo.</u>		

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

Clay M. Price

Licensed Embalmer No. *1822*

P. O. Address *Marionville 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.