

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5953 State File No. 9644

FILED MAR 23 1954 REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 4411 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Pike		c. CITY (If outside corporate limits, write RURAL and give township) Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION RFD 2 Bowling Green, Mo.		d. STREET ADDRESS (If rural, give location) RFD 2 Bowling Green	
3. NAME OF DECEASED (Type or Print) a. (First) Maryline Sue c. (Last) Cornett		4. DATE OF DEATH (Month) (Day) (Year) March 16 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH March 11 1951
9. AGE (In years last birthday) 3		10. MONTH 0	11. DAY 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Frankford Ind.
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Charles Cornett	
13b. MOTHER'S MAIDEN NAME Marjorie White		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Charles White Cornett		ADDRESS Bowling Green	
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) Basal skull fracture  ANTECEDENT CAUSES Morbid 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. E 9021 45	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) accident	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Pike Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) March 16 1954 4P		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Child fell out of box left.		22. I hereby certify that I attended the deceased from 10:10 - 10:10, that I last saw the deceased alive on March 16, 1954, and that death occurred at 4P m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) J. C. Mudd Coroner 3		23b. ADDRESS Bowling Green Mo.	
23c. DATE SIGNED March 17-54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE March 19 54		24c. NAME OF CEMETERY OR CREMATORY Green Lawn Burial Park	
24d. LOCATION (City, town, or county) (State) Bowling Green Mo.		DATE REC'D BY LOCAL REG. 3-20-54	
REGISTRAR'S SIGNATURE Bill Robinson		FUNERAL DIRECTOR'S SIGNATURE J. C. Mudd	
ADDRESS Bowling Green, Mo.			

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

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**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 James B. Mudd

Licensed Embalmer No. 4157

P. O. Address Burling Green, 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.