

FILED MAY 5 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12772

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 4351 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY MORGAN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY MORGAN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BARNETT		c. CITY OR TOWN BARNETT	
c. LENGTH OF STAY (in this place) 35 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: BARNETT		e. STREET ADDRESS (If rural, give location) BARNETT 0710	

3. NAME OF DECEASED (Type or Print)	a. (First) Berry	b. (Middle) Lee	c. (Last) CORNETT	4. DATE OF DEATH (Month) (Day) (Year) APRIL-11-1954
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5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 13-Dec-1883	9. AGE (in years) (Months) (Days) (If under 1 year) (If under 1 hour) (Min.) 70
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Section	10b. KIND OF BUSINESS OR INDUSTRY RAIL-ROAD	11. BIRTHPLACE (City and State of Foreign Country) Camden-Co-Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME DAVE-CORNETT	13b. MOTHER'S MAIDEN NAME ALICE-KAYS	14. NAME OF HUSBAND OR WIFE IDA-BEC-CORNETT
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Ralph-CORNETT	ADDRESS BARNETT Mo
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart disease		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) Arteriosclerosis & myocarditis chr.		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION NONE	19b. MAJOR FINDINGS OF OPERATION NONE	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) ✓	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NONE 4201 Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NONE	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? NONE
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22. I hereby certify that I attended the deceased from _____, 1950 to April 11, 1954, that I last saw the deceased alive on April 6, 1954, and that death occurred at 7:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. O. Shelton M.D.	23b. ADDRESS ELDON Mo	23c. DATE SIGNED 12 April 54
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24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL	24b. DATE 13 April 54	24c. NAME OF CEMETERY OR CREMATORY Big-Rock	24d. LOCATION (City, town, or county) (State) MORGAN-Co-Mo
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DATE REC'D BY LOCAL REG. 4-15-54	REGISTRAR'S SIGNATURE L. Washburn	25. FUNERAL DIRECTOR'S SIGNATURE Keith McKays	ADDRESS ELDON Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0710

MAY 25 1964

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.....
Signature of Student Embalmer

Signed *Keith M. Faye*.....

Licensed Embalmer No *395*.....

P. O. Address *Eldon*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.