

FILED MAY 3 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13056

State File No.

BIRTH NO. REG. DIST. NO. 308 PRIMARY REG. DIST. NO. 4457 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>St. Charles, Augusta, Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Augusta</u>		c. LENGTH OF STAY (In this place) <u>all life</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>		c. CITY OR TOWN <u>Augusta</u>	
		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cornelius</u> b. (Middle) <u>A.</u> c. (Last) <u>Mallinckrodt</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 29 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>June 18, 1988</u>
9. AGE (In years) (last birthday) <u>65</u> IF UNDER 1 YEAR Months <u>10</u> Days <u>10</u>		9. AGE (In hrs.) (Min.) IF UNDER 1 HR. Hours <u>10</u> Min. <u>10</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm work</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Bales Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Theo. Mallinckrodt</u>		13b. MOTHER'S MAIDEN NAME <u>Schert</u>	
14. NAME OF HUSBAND OR WIFE			
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>Malina Schermer</u>		ADDRESS <u>Augusta 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>Malignant Lymph. Sarcoma</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 Mo.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>involved all Lymph. Nodes</u> DUE TO (c) <u>of Body.</u> 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	
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) <u>2001</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan. 23, 1954</u> to <u>Apr 28, 1954</u> , that I last saw the deceased alive on <u>Apr. 29, 1954</u> , and that death occurred at <u>5 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Harvey P. Haynes D.O.</u>		23b. ADDRESS <u>Augusta, Mo.</u>	
23c. DATE SIGNED <u>Apr 29 1954</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-30-54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Augusta Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-1-54</u>		REGISTRAR'S SIGNATURE <u>Mrs. M. J. Schermer 319-</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Oliver Sheppard</u>		ADDRESS <u>Augusta Mo</u>	

(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
Signature of Student Embalmer

Signed *Ole Thiering*

Licensed Embalmer No. *378*

P. O. Address *Augusta*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.