

No. 300  
10-48

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19470

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 23

1. PLACE OF DEATH  
a. COUNTY KNOX  
b. CITY OR TOWN EDINA Mo  
c. LENGTH OF STAY (in this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION GIBSON HOSPITAL & CLINIC

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE MISSOURI b. COUNTY KNOX  
c. CITY OR TOWN EDINA  
d. STREET ADDRESS \_\_\_\_\_

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) L. CORNELIUS SR. c. (Last) \_\_\_\_\_  
4. DATE OF DEATH (Month) (Day) (Year) JUNE 18 1954

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED WIDOWED 8. DATE OF BIRTH JULY 28, 1867 9. AGE (In years last birthday) Months Days 86 10 20 IF UNDER 1 YEAR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED BUSINESSMAN 10b. KIND OF BUSINESS OR INDUSTRY SEED & GRAIN 11. BIRTHPLACE (City and State or Foreign Country) BEE-RIDGE - KNOX Co. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME RICHARD H. CORNELIUS 13b. MOTHER'S MAIDEN NAME CATHERINE ADAMS LUCY (HUDSON) CORNELIUS 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

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 James Cornelius Jr. Edina Mo ADDRESS \_\_\_\_\_

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.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Sepsis meningitis pneumonia  
ANTECEDENT CAUSES DUE TO (b) Circulatory failure 6 days  
DUE TO (c) Arteriosclerosis  
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  NO

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) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 4-15, 1949 to 6-18, 1954, that I last saw the deceased alive on 6-18, 1954, and that death occurred at 11:00A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Cornelius Jr. M.D. 23b. ADDRESS Edina Mo 23c. DATE SIGNED 6-19-54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE JUNE 20-1954 24c. NAME OF CEMETERY OR CREMATORY LINVILLE CEMETERY 24d. LOCATION (City, town, or county) (State) EDINA MISSOURI

DATE REC'D BY LOCAL REG. June 22-54 REGISTRAR'S SIGNATURE Helle S. Humold 25. FUNERAL DIRECTOR'S SIGNATURE Paul C. Riegshauer ADDRESS Edina Mo

(Licensed Embalmer's Statement on Reverse Side)

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

0520

JUN 24 1957

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 Paul C. Kriegshauser

Licensed Embalmer No. 4085

P. O. Address Edina 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.