

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **26941**

FILED AUG 30 1954

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>20</u>	
<b>1. PLACE OF DEATH</b> a. COUNTY <u>Henry</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u> c. LENGTH OF STAY (in this place) <u>1 hr.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>300 N. Second St.</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Twsp. No 41</u> d. STREET ADDRESS (If rural, give location) <u>Rural Star Route</u>			
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Alvina</u> b. (Middle) _____ c. (Last) <u>Cornett</u>				<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>August 21 1954</u>			
<b>5. SEX</b> <u>Female</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>		<b>8. DATE OF BIRTH</b> <u>Oct. 15, 1889</u>	
<b>9. AGE</b> (In years last birthday) <u>64</u>		<b>10. USUAL OCCUPATION</b> (Give kind of work during most of working life, even if retired) <u>Housewife</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Morgan Co. Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	
<b>13a. FATHER'S NAME</b> <u>Joseph Cooper</u>				<b>13b. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>William Cornett</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				<b>16. SOCIAL SECURITY NO.</b> <u>none</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>William Cornett Eldon, Missouri</u>	
<b>18. CAUSE OF DEATH</b> 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.				<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Shock</u>  <b>ANTECEDENT CAUSES</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>crushed skull +</u> DUE TO (c) <u>traumatic injury to abdomen</u>  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Struck by hit + gun</u>			
<b>19a. DATE OF OPERATION</b>				<b>19b. MAJOR FINDINGS OF OPERATION</b>			
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
<b>21a. ACCIDENT</b> (Specify) <u>SUICIDE</u> <u>HOMICIDE</u>		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office, etc.) <u>320 N 2nd St Clinton</u>		<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> (COUNTY) <u>042</u> (STATE)			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>Aug 21 54 1:30</u>		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2 Am</u> m., from the causes and on the date stated above.</b>							
<b>23a. SIGNATURE</b> (Degree or title) <u>R. J. Lowell M.D.</u>				<b>23b. ADDRESS</b> <u>Clinton mo</u>		<b>23c. DATE SIGNED</b> <u>8/22/54</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>Aug. 30, 54</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Union</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Morgan Co. Missouri</u>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Florence Adams</u>		<b>25. ADDRESS</b> <u>432 Keith</u>		<b>25. ADDRESS</b> <u>Eldon, Missouri</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 .....

Student Embalmer

Signed

*Eugene R. [Signature]*

Licensed Embalmer No. 4680

P. O. Address Clinton, [Signature]

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.