

No. 30
10. 48

FILED NOV 8 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33663

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 546 Registrar's No. 998

2390

1. PLACE OF DEATH
a. COUNTY Greene

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE California
b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN Rural S. Campbell Twp.

c. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN San Francisco

c. LENGTH OF STAY (in this place) 1 mo. 12 days

d. STREET ADDRESS (If rural, give location) 801 Fillmore Street

8040
8

3. NAME OF DECEASED
(Type or Print) a. (First) Shirley b. (Middle) W c. (Last) Corlett

4. DATE OF DEATH (Month) (Day) (Year)
Oct. 29, 1954

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Dec. 4, 1899

9. AGE (in years last birthday) 54

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rancher & Truck Owner

10b. KIND OF BUSINESS OR INDUSTRY Trucking & Rancher

11. BIRTHPLACE (State or foreign country) California

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME Mary Perry

14. NAME OF HUSBAND OR WIFE Mrs. Sara Corlett

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 ADDRESS
FILE: M.C.F.P., Springfield, Missouri

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) Ventricular Fibrillation (suspected)
INTERVAL BETWEEN ONSET AND DEATH Seconds

ANTECEDENT CAUSES
DUE TO (b) Arteriosclerotic heart disease 3 Yr. plus
DUE TO (c) Obesity

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Obesity

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) (Minute) _____

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 Sept. 17, 1954, to Oct. 29, 1954, that I last saw the deceased alive on Oct. 29, 1954, and that death occurred at 7:14 pm., from the causes and on the date stated above.

23a. SIGNATURE E. C. Rinck, M.D., Clinical Director (Degree or title)

23b. ADDRESS Medical Center for Federal Prisoners, Springfield, Mo.

23c. DATE SIGNED 11-1-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 11/1/1954

24c. NAME OF CEMETERY OR CREMATORY _____

24d. LOCATION (City, town, or county) (State) San Francisco, California

DATE REC'D BY LOCAL REG. 11-4-54

REGISTRAR'S SIGNATURE Edith Williamson

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Harry Lyle Springfield, Mo.

WRITE PLAINLY—USING UNFADING INK—PERMANENT RECORD

623 West Walnut

0001 0000 11

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 Harry Cleve
Licensed Embalmer No. 4594

P. O. Address Springfield, 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.