

FILED MAR 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4568

State File No.

BIRTH NO.		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>3021</u>		Registrar's No. <u>22</u>				
1. PLACE OF DEATH a. COUNTY <u>Grundy</u> /				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u>				b. COUNTY <u>Grundy</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		c. LENGTH OF STAY (in this place) <u>17 months</u>		c. CITY OR TOWN <u>Trenton</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>912 AVALON</u>				STREET ADDRESS (If rural, give location) <u>912 Avalon St. 04020</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u>			b. (Middle) <u>CORNWELL</u>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 14 1955</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept 11 1884</u>		9. AGE (In years last birthday) <u>70</u> if UNDER 1 YEAR: Months Days if UNDER 24 HRS: Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Worked for Swift & Co.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Labor</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Spickard, MO</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Henry Clay Cornwell</u>			13b. MOTHER'S MAIDEN NAME <u>MARY JANE Robbins</u>			14. NAME OF HUSBAND OR WIFE <u>Lessie Belle Wilson Coenwell</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>486-12-6742</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Belle Cornwell</u>					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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>MI</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>4201</u>						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			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 19 1955</u> , to <u>Feb 14 1955</u> , that I last saw the deceased alive on <u>2/14 1955</u> , and that death occurred at <u>9:00</u> m., from the causes and on the date stated above.										
23a. SIGNATURE <u>[Signature]</u>				23b. ADDRESS <u>Butler MO</u>		23c. DATE SIGNED <u>2/16/55</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 16 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Griff cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Spickard, MO</u>				
DATE REC'D BY LOCAL REG. <u>2-16-55</u>		REGISTRAR'S SIGNATURE <u>Jane Jan 115</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Gordon Bluker</u>				ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 500
10-48

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 *Harold Roberts*.....

Licensed Embalmer No. *492*

P. O. Address *London, Pa.*

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.