No. 300
10.48

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1187

BIRTH NO. _____ REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 5524 Registrar's No. 38

1. PLACE OF DEATH
a. COUNTY Hickory
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural-Jordan Township
c. LENGTH OF STAY (in this place) 29 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 8 miles East of Cross Timbers

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Hickory
c. CITY OR TOWN Jordan Township
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) 8 miles East of Cross Timbers

3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) Elizabeth c. (Last) Cornwell

4. DATE OF DEATH (Month) (Day) (Year) Jan 18-1956

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Aug 18-1873
9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months 5 Days 0 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher
10b. KIND OF BUSINESS OR INDUSTRY Fergenson, Mo
11. BIRTHPLACE (City and State or Foreign Country) Youngstown Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME James J. Morris
13b. MOTHER'S MAIDEN NAME Elizabeth Harris
14. NAME OF HUSBAND OR WIFE Ben S. Cornwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS David P. Harris - Webester Grove, Mo

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) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 4201

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) m.
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* Jan 15, 1956, *to* Jan 18, 1956, *that I last saw the deceased alive on* Jan 18, 1956 *and that death occurred at* 3:05 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE C. D. Bailey (Degree or title) Do
23b. ADDRESS Urbana Mo
23c. DATE SIGNED Jan 18

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan 21-1956
24c. NAME OF CEMETERY OR CREMATORY Belle Fontaine Cemetery
24d. LOCATION (City, town, or county) (State) St Louis, Mo

DATE REC'D BY LOCAL REG. Jan 19-1956
REGISTRAR'S SIGNATURE May Johnson 464-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gilbert Hathaway - Wheatland, Mo

(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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..Chas Gilbert Hathaway.....

Licensed Embalmer No 4267...

P. O. Address Wheatland,

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