.300
.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 25 1956

State File No. 19614

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 669

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Osteopathic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Daviess
c. CITY OR TOWN: Gallatin
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 0310

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Roy
c. (Last): Cornelius

4. DATE OF DEATH (Month) (Day) (Year): June 15, 1956.

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: January 26, 1926
9. AGE (In years last birthday): 30 — 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): Tank Wagon Operator
10b. KIND OF BUSINESS OR INDUSTRY: MFA
11. BIRTHPLACE (City and State or Foreign Country): Kidder, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Charles Roy Cornelius
13b. MOTHER'S MAIDEN NAME: Pearl Hinds
14. NAME OF HUSBAND OR WIFE: Marian Cornelius

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW# 2
16. SOCIAL SECURITY NO.: 498-24-7844
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Marian Cornelius — ADDRESS: Gallatin, 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): Shot Gun Wound in L. Lung — INTERVAL BETWEEN ONSET AND DEATH: 3 Day

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 9190

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 19
20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): IN HOME
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Gallatin 03 Daviess, Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6 13 56 9 30 A m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: 410 Shot Gun

22. *I hereby certify that I attended the deceased from* 6-13, 1956, *to* 6-15, 1956, *that I last saw the deceased alive on* 6-15, 1956, *and that death occurred at* 1:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clifford L Steidley DO
23b. ADDRESS: 801 1/2 Francis St. City
23c. DATE SIGNED: 6-18-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 18, 1956
24c. NAME OF CEMETERY OR CREMATORY: Kidder Cemetery
24d. LOCATION (City, town, or county) (State): Kidder, Missouri.

DATE REC'D BY LOCAL REG.: June 21, 1956
REGISTRAR'S SIGNATURE: Esther M. Allison
25. FUNERAL DIRECTOR'S SIGNATURE: Meierhoffer-Fleeman Inc
ADDRESS: St. Joseph, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

0
85
0

JUN 28 1956

JUL 24 1956

APR 30 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Albert R. Harrington

Licensed Embalmer No. 3256

P. O. Address St Joseph,

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