

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24186

State File No.

FILED JUL 25 1956

BIRTH NO.		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>3127</u>		Registrar's No. <u>109</u>	
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBB CITY</u>		c. LENGTH OF STAY (in this place) <u>7 YRS</u>		c. CITY OR TOWN <u>WEBB CITY</u>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>114 EAST DAUGHERTY</u>				e. STREET ADDRESS (If rural, give location) <u>114 EAST DAUGHERTY</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MATTIE</u>		b. (Middle) <u>JANE</u>		c. (Last) <u>CORNOG</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 15, 1956</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>OCTOBER 22, 1895</u>	
9. AGE (In years last birthday) <u>60</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>STONE COUNTY, MISSOURI</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>STONE COUNTY, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>JIM McREYNOLDS</u>		13b. MOTHER'S MAIDEN NAME <u>TILDIE GIDDEON</u>	
13a. FATHER'S NAME <u>JIM McREYNOLDS</u>		13b. MOTHER'S MAIDEN NAME <u>TILDIE GIDDEON</u>		14. NAME OF HUSBAND OR WIFE <u>FOREST CORNOG</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>FOREST CORNOG WEBB CITY, MISSOURI</u>			
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) <u>Cerebral hemorrhage.</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis +</u> DUE TO (c) <u>hypertension</u> 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 1/2 Mo.</u> <u>5 yrs.</u> <u>8 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>3 3 1 x</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>7-21</u> , 19 <u>56</u> , to <u>7-15</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>7-2</u> , 19 <u>56</u> , and that death occurred at <u>5:45 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Comptroller</u>				23b. ADDRESS <u>Webb City Mo</u>		23c. DATE SIGNED <u>7/16/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-18-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Spokane Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Spokane Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-16-56</u>		REGISTRAR'S SIGNATURE <u>Ms. Madeline Switzer</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>HEDGE LEWIS FUNERAL HOME WEBB CITY, MO.</u>			

(Licensed Emballer's Statement on Reverse Side)

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

474

RECEIVED

Jasper County Health Office

County File Number 56-7-589

Date Filed

JUL 23 1956

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 *Richard Gray Lewis*

Licensed Embalmer No. 4403

P. O. Address *Webb City*

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