

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5728

State File No. ....

FILED FEB 18 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 122

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY OR TOWN <u>Sedalia</u>		c. CITY OR TOWN <u>Sedalia</u> <sup>0804</sup>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. Is 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>Bothwell Hospital</u>			
e. STREET ADDRESS (If rural, give location) <u>423 West Howard</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Jessie</u>	b. (Middle) <u>Lee</u>	c. (Last) <u>CORNINE</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Feb 9 1957</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>July 26 1913</u>	9. AGE (In years last birthday) <u>43</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Labor</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cooper Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
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13a. FATHER'S NAME <u>Jasper Cornine</u>	13b. MOTHER'S MAIDEN NAME <u>Rosie Lee Tillot</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (es. no. of unknown) (If yes, give war or date of service) <u>no</u>	16. SOCIAL SECURITY (yes but not obtainable) <u>yes but not obtainable</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Cornine</u>	ADDRESS <u>Sedalia</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>NEPHRITIS - (UREMIA)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 Mo.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>MYOCARDITIS</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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>593x Sedalia MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from JAN 2, 1957, to FEB 9, 1957, that I last saw the deceased alive on 9 FEB, 1957, and that death occurred at 2:00 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Karl B. Jones MD</u>	23b. ADDRESS <u>Sedalia Mo</u>	23c. DATE SIGNED <u>9 Feb 57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-11-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Berear cem</u>	24d. LOCATION (City, town, or county) (State) <u>Cooper Co. Mo</u>
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DATE REC'D BY LOCAL REG. <u>2-11-1957</u>	REGISTRAR'S SIGNATURE <u>Lavinia Coontz, Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mc Laughlin Bros</u>	ADDRESS <u>Sedalia</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

510

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**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 *Roger T. Fuller*.....  
Licensed Embalmer No. *4818*  
P. O. Address *Sedalia, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.