

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 8 - 1957

State File No. **9494**

BIRTH NO. _____		REG. DIST. NO. 245		PRIMARY REG. DIST. NO. 3047		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY NEWTON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY NEWTON				
b. CITY (If outside corporate limits, write RURAL and give town) NEOSHO, MISSOURI		c. LENGTH OF STAY (in this place) DOA YEARS		c. CITY RURAL OR TOWN SHOAL CREEK TWSP		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION SALE MEMORIAL HOSPITAL				e. STREET ADDRESS (If rural, give location) ROUTE 4, JOPLIN 0730				
3. NAME OF DECEASED (Type or Print) a. (First) CLARA			b. (Middle) _____		c. (Last) CORNELL		4. DATE OF DEATH (Month) (Day) (Year) MARCH 26, 1957	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH DEC. 3, 1894		9. AGE (in years last birthday) 62	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) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (City and State or Foreign Country) FRIESTATT, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME FRED KLEINE			13b. MOTHER'S MAIDEN NAME EMMA FRIES		14. NAME OF HUSBAND OR WIFE EARL E. CORNELL			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO			16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME EARL E. CORNELL, RT. 4, JOPLIN, 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) Myocardial Infarction ANTECEDENT CAUSES Coronary atherosclerosis 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.					INTERVAL BETWEEN ONSET AND DEATH 9 minutes	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (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) _____	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 on 3/26/57 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:30 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE H. H. Harkins M.D.				23b. ADDRESS 113 W. Hickory Neosho Mo		23c. DATE SIGNED 3/26/57		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-29-57	24c. NAME OF CEMETERY OR CREMATORY HORNET CEMETERY,		24d. LOCATION (City, town, or county) (State) HORNET, MISSOURI			
DATE REC'D BY LOCAL REG. 3-29-57		REGISTRAR'S SIGNATURE Melvin C. Bowman		25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY, JOPLIN, MO.				

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

2230

RECEIVED

District Health Officer No. Newton

District File Number 457-82

Date Filed APR 6 1957

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.