			EALTH OF MISSOURI		オのツのジ
FILED M/	AY 10 1957	STANDARD CERTI	FICATE OF DEATH	State File No.	12702
BIRTH NO		_ REG. DIST. NO	_ PRIMARY REG. DIST. NO.	SUBO Registrar's N	.613
I. PLACE OF DEA	ATH		2. USUAL RESIDEN	CE (Where deceased lived. If i	netitution: residence befo
a. COUNTY	ranklin		a. STATE MO.	b. COUNTY Frank	oissimba -
b. CITY (If outside co		URAL and give C. LENGTH O			
OR	livan	township) STAY (in this place	OR Sulliv		lesidence within limits of ity or incorporated town?
d. FULL NAME OF (HOSPITAL OR INSTITUTION	(If not in hospital or it	natitution, give street address or location)	ADDRESS	f rural, give location)	
····	R.R. # 2	> (Middle)	R.R.		
3. NAME OF DECEASED	a. (First)	b. (Middle)	c. (Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	CORNELI				1957
5, SEX 6.	COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		ER I YEAR IF UNDER 14 HR
	Mi.	Married (Specify)	1-14-1877	last birthday) Month	Days Hours Min
Oa. USUAL OCCUPATION		10b. KIND OF BUSINESS OR IN	- I DIOTUDI ACE		12. CITIZEN OF WHA
done during most of work!		DUSTRY	(City a)	nd State or Foreign Country)	COUNTRY?
<u>Farming</u>		Farm	Fenton	Mo ·	j USA
Sa. FATHER'S NAME		136. MOTHER'S MAIDE	N NAME 14	. NAME OF HUSBAND OR WI	FE ·
rancia M T	พากคลพ	Katherine	Whiteneck	Mary E Dunha	m
5. WAS DECEASED EVE		FORCES? 16. SOCIAL SECURITY	17. INFORMANT'S		ADDRESS
	yes, give war or dates	of service) NO	.		
No '		- None	Mrs.Mary Dun	nam Bullivan	MO.
8. CAUSE OF DEATH	. I DISEASE OF C	MEDICAL	CERTIFICATION		INTERVAL BETWEE
Enter only one cause per ine for (a), (b), and (c)	DIRECTLY LEAD	ONDITION ING TO DEATH*(a)	NARY OCEL	SION	12 Que
me tot (a), (b), and (c)	ľ	(-) 			
*This does not mean	ANTECEDENT CA	- .	27-22-24 6 64	17018 1/2 014	
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he mode of dying, such is heart failure, asthenia,		s, if any, giving DUE TO (b)	PROBABLE GA	STAIR NADIA	
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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 embalm : Student Embalmer No

working under my personal supervision..

by me, or by

Leslie Hatch Student..... Signature of Student Embalmer

Licensed Embalmer No

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