

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14000

STATE FILE NUMBER

FILED MAY - 8 1957

Registration District No. 217 Primary Registration District No. 3045 Registrar's No. 31

Health,  
& Welfare  
Public  
Service

S. 300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miss.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Charleston</u>		c. CITY OR TOWN <u>Charleston</u> <u>0672</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>400 rear Elm St.</u>		Length of stay in 1b <u>52 yrs.</u>	
d. STREET ADDRESS <u>400 rear Elm St.</u>		(If outside, give location) Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Napoleon</u> Middle <u>Cornley</u> Last <u>Cornley</u>			4. DATE OF DEATH Month <u>April</u> Day <u>16</u> Year <u>1957</u>
5. SEX <u>Male</u> <u>2</u>	6. COLOR OR RACE <u>Col.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 22, 1888</u>
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months <u>69</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 21 HRS. Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
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	11. BIRTHPLACE (City and state or country) <u>Paducah, Ky.</u>
13. FATHER'S NAME <u>Unknown</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</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>-----</u>	
17. INFORMANT <u>Mrs. Lucy Cornley, 400 r. Elm, Charleston, Mo.</u>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Vascular Accident</u> DUE TO (b) <u>Arteriosclerosis Sere</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>331X</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour <u>4:00</u> Month <u>Feb</u> Day <u>6</u> Year <u>1957</u> a. m. <u>p. m.</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>February 6, 1957</u> to <u>March 6, 1957</u> and last saw her/him alive on <u>March 6, 1957</u> . Death occurred at <u>4:00 p. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>0</u>	22b. ADDRESS <u>Charleston, Mo.</u>	22c. DATE SIGNED <u>4/18/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>April 20, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Charleston, Missouri</u>
24. FUNERAL DIRECTOR <u>Mrs. F. J. Sparks</u> ADDRESS <u>Charleston, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>4-30-57</u>	26. REGISTRAR'S SIGNATURE <u>Dorothy B. Hathorn</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Ill. Co. Health D

County File No. \_\_\_\_\_

Date Filed 5-85

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 *Edward A. Pappas*

Licensed Embalmer No. 5022  
2501 Poplar St.  
P. O. Address Cairo, Illinois

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.