FILED FEB 24 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-004813

STATE FILE NUMBER 544

Registration District No. 393 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Kansas City North — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 5411 No. Denver — Length of stay in 1b 5 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Clay
c. CITY OR TOWN Kansas City North — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 5411 No. Denver — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Lester Middle A. Last Cornelius

4. DATE OF DEATH Month Feb. Day 1, Year 1958

5. SEX Male
6. COLOR OR RACE White (2220 Holmes)
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH April 18, 1908
9. AGE (In years last birthday) 49 — 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) Research Nurse's Home
10b. KIND OF BUSINESS OR INDUSTRY Research Hosp. KC Mo.
11. BIRTHPLACE (City and state or country) Seymour, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John F. Cornelius
13b. MOTHER'S MAIDEN NAME (Unknown) Rogers
14. NAME OF HUSBAND OR WIFE Genevieve I. Cornelius

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 360-28-5843
17. INFORMANT Sterling Cornelius — Address 5201 E 46th Ter. No.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Acute Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Artery Occlusion — 3-5 yrs
DUE TO (c) Generalized Arteriosclerosis — 8-10 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pulmonary Edema
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1953, to 1958-1-1 and last saw her/him alive on 24 Jan 1958
Death occurred at 1 Feb 1958 10:30 P m on the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE W G Barnes (Degree or title) DD
22b. ADDRESS 2014 Swift NKC Mo
22c. DATE SIGNED 2 Feb 1958

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 2-2-58
23c. NAME OF CEMETERY OR CREMATORY Ava, Missouri
23d. LOCATION (City, town, or county) (State) Ava, Missouri

24. FUNERAL DIRECTOR D.W. Newcomer's Sons — ADDRESS No. Kansas City
25. DATE RECD. BY LOCAL REG. 2-2-58
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

W. G. Barnes

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 .....

Licensed Embalmer No. 4949

P. O. Address No. Kansas City

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.