

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010510
STATE FILE NUMBER

FILED MAR 18 1958

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 46

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| 1. PLACE OF DEATH a. COUNTY Laclede | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski | |
| b. CITY OR TOWN Lebanon, Missouri | | c. CITY OR TOWN Richland, Missouri | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Long's Rest Home | | d. STREET ADDRESS (If outside, give location) ----- | |

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| 3. NAME OF DECEASED (Type or print) First Wealthy Middle Ann Last Cornwell. | | | 4. DATE OF DEATH Month March Day 7, Year 1958 | | |
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| 5. SEX Female | 6. COLOR OR RACE White. | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH March 5, 1869 | 9. AGE (In years last birthday) 89 | IF UNDER 1 YEAR Months Days | 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) Housewife. | 10b. KIND OF BUSINESS OR INDUSTRY none. | 11. BIRTHPLACE (City and state or country) Galesburg, Illinois | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Theofolis Farkuer. | 13b. MOTHER'S MAIDEN NAME Clestia Wallis | 14. NAME OF HUSBAND OR WIFE John B. Cornwell. |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No. | 16. SOCIAL SECURITY NO. None. | 17. INFORMANT Harry Cornwell | Address Richland, Mo |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis Rt. | | INTERVAL BETWEEN ONSET AND DEATH 2 days |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Left. Hemiplegia. | |
| | DUE TO (c) _____ | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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.) 2 |
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| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | 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 Richland | COUNTY Missouri | STATE Missouri |
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| 21. I attended the deceased from 2-28-58 to 3-5-58 and last saw her alive on 3-5-58 Death occurred at 2:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated. | |
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| 22a. SIGNATURE Paul A. Jenkins MD | (Degree or title) MD | 22b. ADDRESS Lebanon, Missouri | 22c. DATE SIGNED 3-10-1958 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 3/9/58 | 23c. NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery | 23d. LOCATION (City, town, or county) (State) Richland, Mo |
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| 24. FUNERAL HOME ADDRESS Hedges Funeral Home Richland, Mo | 25. DATE RECD. BY LOCAL REG. 3-10-1958 | 26. REGISTRAR'S SIGNATURE Hella L. Hays |
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All entries in Part I must be causally related.

MAR 19 1958

MAR 17 1958

Received _____

Laclede County Health Unit

File No. 46

Date Filed MAR 17 1958

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 Clarence E. Moss

Licensed Embalmer No. 4896

P. O. Address Waynesville, 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.