

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043584

STATE FILE NUMBER

FILED JAN 13 1959

Registration District No. 74

Primary Registration District No. 5296

Registrar's No. 39

Health, Welfare Public Services

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 causally 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 Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Leavenworth	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hardin TWP.		c. CITY OR TOWN Leavenworth ⁸¹⁵⁰ / ₈	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Inst. 1st. So. Grayson		d. STREET ADDRESS (If outside, give location) 1806 So Broadway	
INSTITUTION Highway 169		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Margery Middle A Last Cornforth		4. DATE OF DEATH Month 10 Day 4 Year 58	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct, 4, 1921
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assembler		10b. KIND OF BUSINESS OR INDUSTRY Battery Co	9. AGE (In years last birthday) 36
11. BIRTHPLACE (City and state or country) Lathrop, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Everett Dickinson		14. MOTHER'S MAIDEN NAME Amanda Eads	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Don Cornforth Jr		Address Leavenworth, Kans	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushing Injury to Head			INTERVAL BETWEEN ONSET AND DEATH instantaneous
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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 type="checkbox"/> 0
20a. ACCIDENT <input checked="" 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.) Automobile Accident		
20c. TIME OF INJURY 7:20 p.m. 10-4-58	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Highway		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION So. of Grayson Clinton Mo.		
21. I attended the deceased from _____, to _____, and last saw her/him alive on _____. Death occurred at 7:20 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			20g. COUNTY c25 STATE
22a. SIGNATURE Ethel Warner, D.O. Coroner		22b. ADDRESS Lathrop, Mo.	
22c. DATE SIGNED 10-7-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-7-58	23c. NAME OF CEMETERY OR CREMATORY Sunset Memory Gardens	23d. LOCATION (City, town, or county) (State) Leavenworth, Kansas
24. FUNERAL DIRECTOR Sexton Funeral Chapel Leavenworth, Kansas		25. DATE RECD. BY LOCAL REG. _____	
26. REGISTRAR'S SIGNATURE Kelvin Chaney (Reputy)			

(Licensed Embalmer's Statement on Reverse Side)

MS
OCT 18 1900

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 *Chas E Smith*.....

Licensed Embalmer No. *100*

P. O. Address *Lawrence*

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