

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012353

STATE FILE NUMBER

380

FILED APR 20 1959

Registration District No. 042

Primary Registration District No. 1000

Registrar's No.

.300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Joseph</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mo. Meth. Hospital</b>		Length of stay in lb <b>Most of life</b>	d. STREET ADDRESS (If outside, give location) <b>722 1/2 Francis St.</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Richard Cornelius</b>			4. DATE OF DEATH Month Day Year <b>March 15, 1959.</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 1, 1883</b>
9. AGE (In years last birthday) <b>75</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Marine Corps</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Temp. Officer</b>	11. BIRTHPLACE (City and state or country) <b>San Antonio, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>B. F. Cornelius</b>	
13b. MOTHER'S MAIDEN NAME <b>Elizabeth Campbell</b>		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW# 1 and WW# 2</b>		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Charles O. Cornelius</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Leukemia, myelogenous</b>		INTERVAL BETWEEN ONSET AND DEATH <b>?</b>	
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 checked="" type="checkbox"/> NO <input type="checkbox"/>		<b>2041</b>	
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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 Death occurred at <b>9:10 A.</b>		and last saw her alive on <b>March 15 1959</b> m on the date stated above; and to the best of my knowledge, from the cause stated.	
22a. SIGNATURE (Degree or title) <b>Dr. J. J. Verca</b>	22b. ADDRESS <b>St. Joseph, Mo.</b>	22c. DATE SIGNED <b>4-15-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>March 17, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Blakeley Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Buchanan County, Missouri.</b>
24. FUNERAL DIRECTOR <b>Merchhoff - Tolson</b>	25. DATE RECD. BY LOCAL REG. <b>April 16, 1959</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Clark Goodell</b>	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

DR. S. E. SENIOR

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 *Albert P. Harrington*

Licensed Embalmer No. *2258*

P. O. Address *St. Joseph, 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.