

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021281

STATE FILE NUMBER

Registrar's No. 3056

FILED JUL 13 1959

Registration District No.

149

Primary Registration District No.

1002

Health, Welfare, Public Service

4
57

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Little Sisters of Poor			Length of stay in lb. 11 yrs	d. STREET ADDRESS 35 E. 32nd Terrace		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First John Middle W. Last Cornelius				4. DATE OF DEATH Month June Day 23 Year 1959				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER-MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 22, 1881		9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 7 Days 23	IF UNDER 24 HRS Hours 11 Min. 57
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer (retired)			10b. KIND OF BUSINESS OR INDUSTRY Western Mach. Works		11. BIRTHPLACE (City and state or country) Cairo, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Nicholas Cornelius			13b. MOTHER'S MAIDEN NAME Margaret Page		14. NAME OF HUSBAND OR WIFE Ruth Kaesbach Cornelius			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 509-07-9439		17. INFORMANT Mrs. Ruth K. Cornelius, 35 E. 32nd. St. Mo.		Address K.C.		
18. CAUSE OF DEATH (Enter only one cause per line for (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis						INTERVAL BETWEEN ONSET AND DEATH 3 days		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Arterio sclerosis		DUE TO (c)		206 yrs		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 332X						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 11 a.m. Month, Day, Year 6-23-59								
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 3/19/59 to 6/23/59 and last saw him alive on 6/22/59 . Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Name or title) Joseph A. Fogarty				22b. ADDRESS 402 Winthorn Bldg. Co Mo		22c. DATE SIGNED 6/23/59		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
Removal		6-24-59	Calvary Cemetery		St. Louis, Missouri			
24. FUNERAL DIRECTOR Melody-McGilley-Eylar, 20 W. Linwood K.C. Mo.				25. DATE RECD. BY LOCAL REG. 6-23-59		26. REGISTRAR'S SIGNATURE Herb Marshall		

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Joseph A. Fogarty

All diseases in Part I must be causally related.

237-07
1-2-9

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 *Melvin Barton*

Licensed Embalmer No. *4903*

P. O. Address *15 C Me*

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.