

FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
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59-035331

FILED VS OCT 26 1959

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1061

UNRECORDED

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Buchanan									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural: Crawford Twp.		Length of stay in 1b 21 years		c. CITY OR TOWN Faucett		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 mile S. of Taos, Mo.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R. R. #1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First HERMAN Middle E. Last KORNEMAN				4. DATE OF DEATH Month Oct. Day 19, Year 1959									
5. SEX male		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 Sept. 4, 1894		9. AGE (last birthday) 65					
IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) truck driver				10b. KIND OF BUSINESS OR INDUSTRY Transport Company					
11. BIRTHPLACE (City and state or country) Cameron, Mo.				12. CITIZEN OF WHAT COUNTRY USA									
13a. FATHER'S NAME Herman Korneman			13b. MOTHER'S MAIDEN NAME Justina Steign			14. NAME OF HUSBAND OR WIFE Ethel Korneman							
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. 496-10-8118		17. INFORMANT Mrs. Ethel Korneman, R.R. #1, Faucett, Mo.									
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: <table border="1"> <tr> <td>IMMEDIATE CAUSE (a) Traumatic shock + cerebral anoxia</td> <td>INTERVAL BETWEEN ONSET AND DEATH at once</td> </tr> <tr> <td> DUE TO (b) Pressure on neck by tractor overturned Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. </td> <td>at once</td> </tr> <tr> <td>DUE TO (c)</td> <td></td> </tr> </table>								IMMEDIATE CAUSE (a) Traumatic shock + cerebral anoxia	INTERVAL BETWEEN ONSET AND DEATH at once	DUE TO (b) Pressure on neck by tractor overturned Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	at once	DUE TO (c)	
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DUE TO (c)													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Tractor overturned into deep ravine while moving						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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.) was moving dirt with tractor									
20c. TIME OF INJURY Hour 6:45 p.m. Month, Day, Year Oct 19 59		20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) at home		20f. CITY, TOWN, OR LOCATION 2 miles south of Taos Mo Buchanan Co Mo							
21. I attended the deceased from breached body and last saw ^{her} him alive on Oct 19 - 59 Death occurred at 5:45p. m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) St. M. Melaney, M.D., Coroner				22b. ADDRESS 214 Riverside Blvd St. Joseph Mo		22c. DATE SIGNED Oct 20 59							
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct. 21, 1959		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) St. Joseph Missouri							
24. FUNERAL DIRECTOR Hester Bowman			25. DATE RECD. BY LOCAL REG. Oct 23, 1959		26. REGISTRAR'S SIGNATURE Mrs. Clark Goodall								

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ST. MELANEY, MO

113

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Al Muleney

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

Eugene Wood

Licensed Embalmer No. *3804*

P. O. Address *314 So 10th St*

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.