Dr Cornella

URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 1 8 1960

■60-011784
STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 94

NDED

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hannibal
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Long's Rest Home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Marion
c. CITY OR TOWN: Hannibal
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): Long's Rest Home
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Dora Middle: Belle Last: Bradshaw
4. DATE OF DEATH: Month Feb. Day 28, Year 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 1/21/1875
9. AGE (last birthday): 85
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Sherman, Texas
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John F. Woolery
13b. MOTHER'S MAIDEN NAME: Lucinda --
14. NAME OF HUSBAND OR WIFE: John E. Bradshaw
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Address: Mrs. Fred Taylor, R#3, New London, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertensive a rteriosclerotic hear disease — 5 years
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Feb 2, 1960, to Feb 28, 1960 and last saw her alive on Feb 2, 1960
Death occurred at 2:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Jm Cornella M D
22b. ADDRESS: 707 Bdwy, Hannibal, Mo.
22c. DATE SIGNED: 3-9-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3/1/1960
23c. NAME OF CEMETERY OR CREMATORY: Grand View Burial Park
23d. LOCATION (City, town, or county) (State): Hannibal, Mo.
24. FUNERAL DIRECTOR: H.M. O'Donnell, Hannibal, Mo.
ADDRESS
25. DATE RECD. BY LOCAL REG.: 3/14/60
26. REGISTRAR'S SIGNATURE: Dr. E. M. Lucke by Lillian M. Herman

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed H M McDonnell

Signature of Student Embalmer

Licensed Embalmer No. 3889

P. O. Address Hannibal, Mo.

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