

## FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-018879

FILED VS JUN 13 1960

INDEXED

Registration District No. 101

Primary Registration District No. 4173

Registrar's No. 26

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Douglas				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Douglas			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ava		Length of stay in lb 4 yrs		c. CITY OR TOWN Ava		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Marion Cornett				4. DATE OF DEATH Month Day Year June 3, 1960			
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 4-17-96	
9. AGE (last birthday) 64		IF UNDER 1 YEAR Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (City and state or country) Rome, Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm		11. BIRTHPLACE (City and state or country) Rome, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Squire Cornett		13b. MOTHER'S MAIDEN NAME Ritta Dixon		14. NAME OF HUSBAND OR WIFE Mary Cornett			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. War One		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mary Cornett, Ava, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial degeneration				INTERVAL BETWEEN ONSET AND DEATH 7-25-59			
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)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N- <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 a.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <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 7-29-59 to 6-3-60 and last saw her alive on 6-3-60 Death occurred at 1:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Dr. P. P. Harker D.O.		(Degree or title)		22b. ADDRESS Ava Mo.		22c. DATE SIGNED 6-9-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-8-60		23c. NAME OF CEMETERY OR CREMATORY Mt. Tabor		23d. LOCATION (City, town, or county) (State) Ava, Missouri	
24. FUNERAL DIRECTOR Clinkingbear Funeral Home, Ava, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. June 6-60		26. REGISTRAR'S SIGNATURE Vestal Bushman	

(Licensed Embalmer's Statement on Reverse Side)

JUN 14

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 \_\_\_\_\_

Signature of Student Embalmer

Signed

*Charles R. Fisk*

Licensed Embalmer No. 4662

P. O. Address Ava Mo

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