

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031421

FILED VS SEP 12 1960

236

Primary Registration District No. 5819

Registrar's No. 60

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY MORGAN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MORGAN				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN OSAGE Twp		Length of stay in 1b —		c. CITY OR TOWN OSAGE Twp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HIGHWAY # 5			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) LAKE ROAD # 8		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First DIMPLE Middle LEE Last CORNETT				4. DATE OF DEATH Month AUG. Day 29 Year 1960				
5. SEX FEMALE	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 MAY 7 1934	9. AGE (last birthday) 26	IF UNDER 1 YEAR Months 3 Days 22	IF UNDER 24 HR Hours — Min. —	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERICAL			10b. KIND OF BUSINESS OR INDUSTRY ATTORNEY		11. BIRTHPLACE (City and state or country) MORGAN COUNTY U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME MILTON CAMPBELL			13b. MOTHER'S MAIDEN NAME EMMA RATCHIFF		14. NAME OF HUSBAND OR WIFE ROBERT CORNETT			
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. 497-34-3436		17. INFORMANT ROBERT CORNETT Address GRAVOIS MILLS			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) fracture of skull							INTERVAL BETWEEN ONSET AND DEATH immediate	
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"/> No <input checked="" 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.) Automobile Accident					
20c. TIME OF INJURY Hour 8:25 a.m. — Month, Day, Year AUG 29 60		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Mo Highway # 5		20f. CITY, TOWN, OR LOCATION COUNTY STATE OSAGE Township MORGAN, MO.		
21. I attended the deceased from 8:25 A. to — and last saw her/him alive on — . Death occurred at 8:25 A. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Gene E. Nathan Coroner				22b. ADDRESS Versailles Mo		22c. DATE SIGNED 31 Aug 60		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE AUG. 31 1960	23c. NAME OF CEMETERY OR CREMATORY VERSAILLES CEMETERY		23d. LOCATION (City, town, or county) (State) VERSAILLES MO.			
24. FUNERAL DIRECTOR Wmone Steinson Wallace ADDRESS Mo				25. DATE RECD. BY LOCAL REG. 9-1-60		26. REGISTRAR'S SIGNATURE J L Washburn		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 13 1960

Head = [unclear]

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 _____

Licensed Embalmer No. _____

4073

P. O. Address _____

Stover

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.