

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034330

FILED VS. SEP 20 1960 No. 104 Primary Registration District No. 4176 Registrar's No. 26

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>DUNKLIN</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>NEW MADRID</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MALDEN, MO.</b>		Length of stay in 1b <b>10 MINutes</b>	c. CITY OR TOWN <b>COMO TWP</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>STOKES GIN</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>6 1/2 MILES E. OF MALDEN, MO.</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>RAYMOND CORN</b>			4. DATE OF DEATH Month Day Year <b>SEPTEMBER 16 1960</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-8-1898</b>	9. AGE (last birthday) <b>62</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (City and state or country) <b>EVANSVILLE, INDIANA</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>JOHN CORN</b>		13b. MOTHER'S MAIDEN NAME <b>CORA</b>		14. NAME OF HUSBAND OR WIFE <b>EDNA CORN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war and dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>498-40-4069</b>	17. INFORMANT Address <b>EDNA CORN, MALDEN, MO. RT. 1</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusi on</b>					INTERVAL BETWEEN ONSET AND DEATH <b>10 min/.</b>
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 type="checkbox"/> Unknown	
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 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 _____, to _____ and last saw her/him alive on _____. Death occurred at <b>6:45 P.</b> _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Quinton Tarver</i> <b>Quinton Tarver, Coroner</b>		22b. ADDRESS <b>Kennett, Mo.</b>		22c. DATE SIGNED <b>9/19/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>9-18-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>BERNIE</b>		23d. LOCATION (City, town, or county) (State) <b>BERNIE, MO.</b>	
24. FUNERAL DIRECTOR <b>DAY &amp; KNIGHT, MALDEN, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>9-20-60</b>		26. REGISTRAR'S SIGNATURE <i>J. D. Schaeffer</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 29 1960

**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 *J. S. [Signature]*  
Licensed Embalmer No. 408  
P. O. Address Amelia

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