

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-023738

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 352 Primary Registration District No. 4517 Registrar's No. 57

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUN 26 1961

1. PLACE OF DEATH  
 a. COUNTY Janey  
 b. CITY (If outside corporate limits, give Township only) OR TOWN Bramson Length of stay in lb 1 week  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Skaggs Hosp. Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE MO b. COUNTY Janey  
 c. CITY OR TOWN Cedar Creek Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) Rural Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
Minnie PEARL CORNETT June 16, 1961

5. SEX 7. 6. COLOR OR RACE White 7. Married  Never Married   
 Widowed  Divorced  8. DATE OF BIRTH 12/26/96 9. AGE (last birthday) 64  
 IF UNDER 1 YEAR Months 5 Days 20 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 housekeeper 11. BIRTHPLACE (City and state or country) Ark. 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Thomas Parish 13b. MOTHER'S MAIDEN NAME Minnie Mailes 14. NAME OF HUSBAND OR WIFE Lewis 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. none 17. INFORMANT Lewis Cornett Address Cedar Creek Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Mosses Coronary occlusion  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardio Renal Vas. Disease  
 DUE TO (c)   
 INTERVAL BETWEEN ONSET AND DEATH 10m  
2 yrs

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 Month, Day, Year  
 a.m. p.m.

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 1960 to 6-16-61 and last saw her alive on 6-16-61  
 Death occurred at ABS m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M. Rubin MD 22b. ADDRESS Bramson, Mo 22c. DATE SIGNED 6-18-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 6/20/61 23c. NAME OF CEMETERY OR CREMATORY Ozak Mem. 23d. LOCATION (City, town, or county) (State) Bramson Mo

24. FUNERAL DIRECTOR Walter Cobb ADDRESS Bramson Mo 25. DATE RECD. BY LOCAL REG. 6/23/61 26. REGISTRAR'S SIGNATURE Helene Campbell

1964 JUL 9

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 Walter Cobb

Licensed Embalmer No. 4731

P. O. Address Tramson, Mo

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.