SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

-61-040838

STATE FILE NUMBER

AMENDED

FILED NOV 20 1961

Registration District No. 37 Primary Registration District No. 3823 Registrar's No. 258

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clinton
Length of stay in 1b: 5Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Wetzel Osteopathic Hosp.
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY: Henry
c. CITY OR TOWN: Clinton,
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 504 E. GrandRiver St.
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Cecil Middle: G. Last: Correll

4. DATE OF DEATH: Month: Nov. Day: 11 Year: 1961

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 11-13-1888

9. AGE (last birthday): 72

IF UNDER 1 YEAR: Months: 11 Days: 28
IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Johnson Co. Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Unknown

13b. MOTHER'S MAIDEN NAME: Minnie Jane Correll

14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

17. INFORMANT: Maurice Seaton, Address: 406 So. Orchard Clinton, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Pulmonary Edema	12 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Myocardial Insufficiency	36 hrs
DUE TO (c)	Cerebral vascular hemorrhage	6 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senility

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 11-5-61, to 11-11-61 and last saw her/him alive on 11-11-61
Death occurred at 12:27 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Clinton L. Glasgow D.O.

22b. ADDRESS: Clinton, Mo.

22c. DATE SIGNED: 11 13 61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Nov. 13, 1961

23c. NAME OF CEMETERY OR CREMATORY: White Oak Cemetery

23d. LOCATION (City, town, or county) (State): Urich, Mo. Rural

24. FUNERAL DIRECTOR: H. L. Vansant ADDRESS: Clinton, Mo

25. DATE RECD. BY LOCAL REG.: Nov. 13, 1961

26. REGISTRAR'S SIGNATURE: Mildred Bigham

(Licensed Embalmer's Statement on Reverse Side)

APR 3 1962

JUN 4 1963

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_____ Signed H. L. Vaisant

Signature of Student Embalmer

Licensed Embalmer No. 3779

P. O. Address Clinton, Ma

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.