

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-026447

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 71

FILED JUL 23 1962

1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>CLINTON</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>CAMERON</u>		Length of stay in lb	c. CITY OR TOWN <u>CAMERON</u>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>CAMERON Hospit.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <u></u>
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>ANNIE</u> Middle <u>Mae</u> Last <u>KORNEMAN</u>			4. DATE OF DEATH Month <u>July</u> Day <u>14</u> Year <u>1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-22-1875</u>	9. AGE (last birthday) <u>87 yrs.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>FLORADO Spgs MO U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Wiloy R. HACKLER</u>		13b. MOTHER'S MAIDEN NAME <u>NALINDA AMENT.</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>No.</u>	17. INFORMANT <u>John Korneman, CAMERON, MO.</u>	

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) <u>Cerebral Vascular Hemorrhage</u>		<u>10 days</u>
DUE TO (b) <u>Cerebral arteriosclerosis</u>		<u>20 yrs.</u>
DUE TO (c) <u>Generalized arteriosclerosis</u>		<u>23 yrs.</u>
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 <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>		

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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from <u>7-4-62</u> to <u>7-14-62</u> and last saw him alive on <u>7-14-62</u> . Death occurred at <u>4:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <u>B. H. Conyter M.D.</u>		22b. ADDRESS <u>Cameron</u>	22c. DATE SIGNED <u>7-15-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>7-16-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>HARRISON VILL CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>HARRISONVILLE Mo.</u>
24. FUNERAL DIRECTOR <u>DeMoss CRUNK, CAMERON, MO</u>		25. DATE RECD. BY LOCAL REG. <u>7-16-62</u>	26. REGISTRAR'S SIGNATURE <u>Francis Crawford</u>

(Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59
10251
20291-
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4 1
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7 0
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 _____

Licensed Embalmer No. 2533

P. O. Address Cameron, 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.