

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031826

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 2-2 Primary Registration District No. 5779 Registrar's No. 40

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

3660

20660

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FILED SEP 11 1962	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>MILLER</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FRANKLIN-TOWNSHIP</u> Length of stay in 1b _____</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION _____ Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY <u>MILLER</u></p> <p>c. CITY OR TOWN <u>Rocky-Mount</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>Highway-2 1/2 W</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print) First Middle Last</p> <p style="text-align: center;"><u>WILLIAM HENRY-CORNETT</u></p>	
<p>4. DATE OF DEATH Month Day Year</p> <p style="text-align: center;"><u>JULY 28 1962</u></p>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>25 Feb-1889</u>
9. AGE (last birthday) <u>73</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Gen-Farming</u>
11. BIRTHPLACE (City and state or country) <u>MORGAN-CO-MO</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>William-Cornett</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH-Sidebottom</u>
14. NAME OF HUSBAND OR WIFE <u>ALVINA-CORNETT</u>	17. INFORMANT <u>Geneva-Schafteen-Mound-City-Kan</u> Address _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p style="text-align: center;">PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>CORONARY THROMBOSIS</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p style="text-align: center;">PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____</p> <p style="text-align: center;">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</p>	
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 _____
<p>21. I attended the deceased from _____ to _____ and last saw her/him alive on _____</p> <p>Death occurred at <u>8:00 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
22a. SIGNATURE (Degree or title) <u>L.S. Humphreys, D.O. Coroner</u>	22b. ADDRESS <u>Tuscumbia-Mo</u>
22c. DATE SIGNED <u>21 Aug-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>22 Aug-1962</u>
23c. NAME OF CEMETERY OR CREMATORY <u>UNION</u>	23d. LOCATION (City, town, or county) (State) <u>Rocky-Mount-Mo</u>
24. FUNERAL DIRECTOR <u>Keith-M. Kays</u> ADDRESS <u>ELDON-MO</u>	25. DATE RECD. BY LOCAL REG. <u>Aug. 22, 1962</u>
26. REGISTRAR'S SIGNATURE <u>Alvina Wally</u>	

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 Keith M. Kaye

Licensed Embalmer No. 3998

P. O. Address Eldon 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.

Not