MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039671
STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3623 Registrar's No. 286

FILED NOV 12 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0425
2 3358
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4 1
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11 042
12 91-0
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clinton
Length of stay in 1b: Car accident
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Highway 7 + 13 Intersection
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 5428 E 29th Ter.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First GENEVA Middle M Last CORNELL
4. DATE OF DEATH: Month Nov Day 6 Year 1963
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7-14-1902
9. AGE (last birthday): 61
IF UNDER 1 YEAR: Months 3 Days 22
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: no
11. BIRTHPLACE (City and state or country): Kentucky
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: unknown
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Amos B Cornell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT: Frances L Tull Address: Sumner Brook Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Unknown Unnatural Causes — INTERVAL BETWEEN ONSET AND DEATH: Immed.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cervical Spine Fracture
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. ☐ 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.) 2 car auto accident
20c. TIME OF INJURY Hour 6:30 a.m. p.m. Month, Day, Year 11-6-63
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.): Highway 7-13 Intersection
20f. CITY, TOWN, OR LOCATION: Clinton COUNTY: Henry STATE: Mo

21. I attended the deceased from unknown, to ____ and last saw her/him alive on ____
Death occurred at 6:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Richard H. King M.D. (Degree or title) Henry County Coroner
22b. ADDRESS: 106 S. 3rd Clinton Mo
22c. DATE SIGNED: 11-6-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11-6-63
23c. NAME OF CEMETERY OR CREMATORY: Green Lawn
23d. LOCATION (City, town, or county): Kansas City (State): Mo.

24. FUNERAL DIRECTOR: D.W. NEWCOMERS ADDRESS: K.C. Mo
25. DATE RECD. BY LOCAL REG.: Nov. 6, 1963
26. REGISTRAR'S SIGNATURE: Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

Permit Obtained 11-6-63

NOV 19 1963

JAN 24 1964

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 F L Schaberg

Licensed Embalmer No. 4513

P. O. Address Clinton 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.