

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

68 0007526

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

137

Primary Registration District No.

3023

Registrar's No.

55

FILED FEB 23 1968

1. PLACE OF DEATH

a. COUNTY Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Clinton

Length of stay in 1b
DOA

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY Cass

c. CITY OR TOWN Creighton

Inside Limits
Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Wetzel Hospital

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS RFD 1 (If outside, give location)

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)

First Middle Last
Minnie Myrtle Cornett

4. DATE OF DEATH

Month Day Year
Feb. 20 1968

5. SEX

Fe

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

4-29-81

9. AGE (last birthday)

86

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days 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

Home

11. BIRTHPLACE (City and state or country)

Muncie, Indiana

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Abraham Gregg

13b. MOTHER'S MAIDEN NAME

Margaret Thornburg

14. NAME OF HUSBAND OR WIFE

Robert 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.

17. INFORMANT

Address

Frank Cornett, Creighton, 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)

Medullary Paralysis

INTERVAL BETWEEN ONSET AND DEATH

Seconds

DUE TO (b)

Pulmonary Edema

Minutes

DUE TO (c)

Acute Myocardial Insufficiency

Hours

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 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 2-1-68 to 2-20-68 and last saw her alive on 2-20-68

Death occurred at 7:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Clinton Mo.

22c. DATE SIGNED

2/21/68

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

2-23-68

23c. NAME OF CEMETERY OR CREMATORY

Dayton

23d. LOCATION (City, town, or county)

Garden City, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Snow's Funeral Home, Urich, Mo.

25. DATE RECD. BY LOCAL REG.

2-21-68

26. REGISTRAR'S SIGNATURE

Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

0425

0190

0422x

4

2

13-0

VS 300

Rev. 4/59

1

86

1

86

1

2

4

2

13-0

VS 300

Rev. 4/59

1

86

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 Merle H Snow

Licensed Embalmer No. 40-34-1960

P. O. Address Uruck, 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.