

FILED JUL 29 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

STATE FILE NUMBER

124

68 0028422

CERTIFICATE OF DEATH

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 170

DO NOT WRITE
ON THIS STUB

VS 300

Rev. 1/68

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. Corinna Yvette Cornett		Female	3. July 21, 1968
2. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	4. AGE—LAST BIRTHDAY (YEAR) MONTH DAY	5. UNDER 1 YEAR HOURS MIN.	6. DATE OF BIRTH (MONTH, DAY, YEAR)
White	30 4	51	July 17, 1968
7. CITY, TOWN, OR LOCATION OF DEATH		8. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
Clinton, Missouri		Wetzel Hospital	
9. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		10. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
Missouri		none	
11. SOCIAL SECURITY NUMBER		12. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, IF RETIRED)	
none		none	
13. RESIDENCE—STATE COUNTY		14. CITY, TOWN, OR LOCATION	
Missouri Cass		Creighton	
15. FATHER—NAME FIRST MIDDLE LAST		16. MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
Jessie Dean Cornett		Margie Belle Kirk	
17. INFORMANT—NAME		18. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
Jesse D. Cornett		RFD # 1, Creighton, Missouri 64739	
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]	
19. IMMEDIATE CAUSE		20. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
(a) Meningitis		24 hrs.	
(b) Purpura Sepsis		4 days	
(c) Mother Had Acute Urinary Infection at term			
PART II. OTHER SIGNIFICANT CONDITIONS; CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I		21. ALTOPTOSY (YES OR NO)	
		No	
22. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		23. DATE OF INJURY (MONTH, DAY, YEAR)	
		12	
24. INJURY AT WORK (SPECIFY YES OR NO)		25. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	
26. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		27. MONTH DAY YEAR TO MONTH DAY YEAR	
7 17 68 TO 7 21 68		28. AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR	
29. CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		30. HOUR OF DEATH	
		7 21 68	
31. CERTIFIER—NAME (TYPE OR PRINT)		32. SIGNATURE	
C. L. Glaspy, D. O.		Clinton P. Glaspy DO	
33. MAILING ADDRESS—CERTIFIER		34. DATE SIGNED (MONTH, DAY, YEAR)	
105 E. Ohio, Clinton, Missouri		7-22-68	
35. BURIAL, CREMATION, REMOVAL (SPECIFY)		36. CEMETERY OR CREMATORY—NAME	
Burial		Dayton	
37. DATE (MONTH, DAY, YEAR)		38. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
July 23, 1968		Snows Funeral Home 201 E. 4th, Irick MO, 64758	
39. FUNERAL DIRECTOR—SIGNATURE		40. REGISTRAR—SIGNATURE	
Mildred Begum		Mildred Begum	
41. DATE RECEIVED BY LOCAL REGISTRAR		42. DATE RECEIVED BY LOCAL REGISTRAR	
July 23, 1968		July 23, 1968	

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6.0190

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

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 N. Le Roy Mooney

Licensed Embalmer No. 4778

P. O. Address K. C. 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.

Permit Obtained 7-22-68 (MB)