

No. 300
V-10-48

BIRTH NO. REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 3023 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>General Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2 Miles West of Clinton</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mertie</u> b. (Middle) <u>May</u> c. (Last) <u>Correll</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-21-1950</u>		
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5. SEX <u>Female</u>		6. COLOR OF RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>10-19-1877</u>		9. AGE (In years last birthday) <u>73</u>		10. UNDER 1 YEAR Months		11. UNDER 24 HRS. Hours		12. UNDER 1 Min.	
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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				11. BIRTHPLACE (State or foreign country) <u>Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
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13a. FATHER'S NAME <u>Edgar Arnold</u>				13b. MOTHER'S MAIDEN NAME <u>Maggie Moreland</u>				14. NAME OF HUSBAND OR WIFE <u>Charley Correll</u>			
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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.				17. INFORMANT'S SIGNATURE OR NAME <u>Herbert Arnold</u>				18. ADDRESS <u>Clinton Mo</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION									
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>									
*This does not mean the mode of dying, such as heart failure, asthenia, etc. - It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES									
		DUE TO (b) <u>Fractured right Hip</u>									
		DUE TO (c)									
		II. OTHER SIGNIFICANT CONDITIONS									
		Conditions contributing to the death but not related to the disease or condition causing death.									

19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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21a. ACCIDENT (Specify) <u>accident</u>				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Clinton Henry Mo.</u>			
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11-17-1950 10^{pm}</u>				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? <u>Fell</u>			
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22. I hereby certify that I attended the deceased from Oct 28, 1950, to Dec 21, 1950 that I last saw the deceased alive on Dec 21, 1950, and that death occurred at 11:30 am, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. R.S. Hallingworth M.D.</u>								23b. ADDRESS <u>Clinton Missouri</u>				23c. DATE SIGNED <u>12-23-50</u>			
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				24b. DATE <u>12-24-1950</u>				24c. NAME OF CEMETERY OR CREMATORY <u>White Oak Cem</u>				24d. LOCATION (City, town, or county) (State) <u>Henry Co Mo</u>			
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DATE REC'D BY LOCAL REG. <u>Dec 24-1950</u>				REGISTRAR'S SIGNATURE <u>Florence Adair</u>				422				25. FUNERAL DIRECTOR'S SIGNATURE <u>Dickman-Dunning</u>				ADDRESS <u>Clinton Mo</u>			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 1-25/

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 1-25/

MAR 12 1951

SEP 3 1954

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 _____
Student Embalmer

Signed *Robert J. Manning*

Licensed Embalmer No. *H 716*

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 this body is not embalmed, fact should be so stated above.