

5. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24270

State File No.

JUL 28 1952

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton Mo	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 217 East Green	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 days Clinton General			

3. NAME OF DECEASED (Type or Print)	a. (First) George	b. (Middle) French	c. (Last) Corley Sr.	4. DATE OF DEATH (Month) (Day) (Year) 7 30 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) Married	8. DATE OF BIRTH 7 20 1897	9. AGE (In years last birthday) 55-	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Furniture	11. BIRTHPLACE (City and State or Foreign Country) Callaway County Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME A.B. Corley	13b. MOTHER'S MAIDEN NAME Nette Jesse	14. NAME OF HUSBAND OR WIFE Lena
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME Lena Corley	ADDRESS Clinton Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		4 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis & Endocarditis		7 yrs
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 4 2 2 2	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from January 19 47 to July, 1952, that I last saw the deceased alive on July 17, 1952, and that death occurred at 7:31 p. m., from the causes and on the date stated above.

23a. SIGNATURE Verna Smith M.D.	(Degree or title)	23b. ADDRESS Clinton, Missouri	23c. DATE SIGNED 7-18-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7 20 52	24c. NAME OF CEMETERY OR CREMATORY Englewood Clinton	24d. LOCATION (City, town, or county) (State) Clinton Mo
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DATE REC'D BY LOCAL REG. July-20-52	REGISTRAR'S SIGNATURE Florence Adams	4-22-52	25. FUNERAL DIRECTOR'S SIGNATURE Frank W. Hudson	ADDRESS Clinton
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

24270

JUL 28 1952

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. 2478

working under my personal supervision.

Student
Student Embalmer

Signed Fred Wilkins

Licensed Embalmer No. 2478

P. O. Address Centon

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.