

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44153

STATE FILE NUMBER

FILED DEC 30 1957

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 680

st. Health,
& Welfare
S. Public
Hth Service

S. 300
y. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | | | |
|---|-----------------------------------|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY Henry | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Urich | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Netzel Hospital | | Length of stay in 1b 6 1/2 Hrs. | d. STREET ADDRESS RFD. #3 (If outside, give location) | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Edna Middle Dorthy Last Correll | | | 4. DATE OF DEATH Month Dec. Day 28 Year 1957 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH March 10, 1891 | 9. AGE (In years last birthday) 66 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Henry Co. Mo. | 12. CITIZEN OF WHAT COUNTRY? USA | IF UNDER 1 YEAR Months 9 Days 18 Hours Min. |
| 13. FATHER'S NAME Henry P. Long | | | 14. MOTHER'S MAIDEN NAME Cordelia Koontz | | |
| 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. None | 17. INFORMANT Cecil Correll, Urich, Mo. RFD. #3 Address | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage | | | | | INTERVAL BETWEEN ONSET AND DEATH 6 hrs yrs |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Essential Hypertension DUE TO (c) Arteriosclerosis | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 |
| 20a. ACCIDENT <input type="checkbox"/> | SUICIDE <input type="checkbox"/> | HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 331X | | |
| 20c. TIME OF INJURY Hour Month Day Year a. m. p. m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 12-28-57 | 20f. CITY, TOWN, OR LOCATION 12-28-57 | COUNTY | STATE |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on 12-28-57 Death occurred at 5:30 A. M. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <i>Wm C Sembert</i> (Degree or title) 2 | | | 22b. ADDRESS Clinton Mo. | | 22c. DATE SIGNED 12-28-57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Dec. 31, 1957 | 23c. NAME OF CEMETERY OR CREMATORY White Oak Cemetery | | 23d. LOCATION (City, town, or county) (State) Urich, Mo. Rural | |
| 24. FUNERAL DIRECTOR H. J. Lawrence ADDRESS Clinton, Mo. | | | 25. DATE RECD. BY LOCAL REG. 12-28-57 | 26. REGISTRAR'S SIGNATURE Mildred Bigum | |

(Licensed Embalmer's Statement on Reverse Side)

521

JUN 4 1963

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..... *H. J. Vansant*

Licensed Embalmer No. *377*

P. O. Address..... *Clinton*

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.