THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 1696

FILED FEB 11 1958 Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: WEBB CITY — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 502 S. PENN — Length of stay in 1b: 38 YRS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JASPER
c. CITY OR TOWN: WEBB CITY 049 2 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 502 S. PENN — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: TILLIE Middle: E. Last: CORRELL

4. DATE OF DEATH: Month: FEBRUARY Day: 4, Year: 1958

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: APRIL 18, 1880

9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: 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: NONE

11. BIRTHPLACE (City and state or country): LOUISVILLE KENTUCKY

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: FRED CAVEY

13b. MOTHER'S MAIDEN NAME: MATILDA WOOLENWEBER

14. NAME OF HUSBAND OR WIFE: JOE N. CORRELL

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.: NO

17. INFORMANT Address: MR J.N.GORRELL 502 S.PENN, WEBB CITY MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 or more yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4222

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 Jan 24-58, to Feb 4-58 and last saw her/him alive on Feb. 4-1958
Death occurred at 8:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Mrs Madeline Switzer M.D. 2

22b. ADDRESS: Webb City Mo

22c. DATE SIGNED: 2/5/58

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: FEB 6-1958

23c. NAME OF CEMETERY OR CREMATORY: MOUNT HOPE CEMETARY

23d. LOCATION (City, town, or county) (State): WEBB CITY MISSOURI

24. FUNERAL DIRECTOR ADDRESS: HEDGE-LEWIS FUNERAL HOME WEBB CITY MO

25. DATE RECD. BY LOCAL REG.: 2-6-58

26. REGISTRAR'S SIGNATURE: Mrs. Madeline Switzer

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
All diseases in Part I must be causally related.

Date Filed FEB 10 1958

MAY 16 1958

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 Richard Hoy Lewis

Licensed Embalmer No. 4403

P. O. Address Walla Walla

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.