

FILED MAY 28 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)STATE FILE NUMBER
124 68 0020095

CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUB9. 0
10a. 76
10b.
11. 0
12. 1
13. 4339
14.
15. 4
16.
17.
18. 2
19. CREDITS
20. 1-0VS 300
Rev. 1/68

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 125

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Charles Corum		2. Male	3. May 19 1968	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	DATE OF BIRTH (MONTH, DAY, YEAR)
4. White		5a. 76	5b.	6. Nov 3 1890
CITY, TOWN, OR LOCATION OF DEATH		7a. Henry		
7b. Clinton		7c. Yes		
7d. Wetzel Hospital		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Mo		9. U S A		10. Married
11. Mary Lena Johnson		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY
12. 407-14-4341		13. Farmer		13b. Farming
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER
14a. Mo		14b. Henry	14c. Clinton	14d. 325 N 2nd St.
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST		
15. George Corum		16. Jane Payxton		
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
17a. Mary Lena Corum		17b. 325 N 2nd St Clinton Mo		
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE				
(a) <i>Cerebral vascular thrombosis</i>				2 days
(b) <i>Cerebral vascular atherosclerosis</i>				2 years
(c) <i>Prostatic outlet obstruction & urinary</i>				
CONDITIONS, IF ANY, WHICH MAY BE HELD TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST				
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES OR NO)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
<i>Coronary artery disease & atherosclerosis</i>		19a. no		19b.
ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a. no		20b.	20c.	20d.
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION	(STREET OR R.F.D. NO., CITY OR TOWN, STATE)
20a. no		20b.	20c.	20d.
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		TO	AND LAST SAW HIM/HER ALIVE ON	I DID/DID NOT VIEW THE BODY AFTER DEATH.
21a. 1963		21b. May 19, 1968	21c. 5/ 19/68	21d. Did
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.		THE DECEASED WAS PRONOUNCED DEAD	DEATH OCCURRED (HOUR)	AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
22a.		22b. May 19 1968	22c. 3:25 A M.	22d.
CERTIFIER—NAME (TYPE OF PRINT)		SIGNATURE	DEGREE OF TITLE	DATE SIGNED (MONTH, DAY, YEAR)
23a. James C. Clousa		23b. James C. Clousa MD	23c. MD	23d. 5/22/68
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.	CITY OR TOWN	STATE
23a. 165 Philip Clinton		23b. Clinton	23c. MO	23d. 64735
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION
24a. Burial		24b. Englewood		24c. Clinton Mo 64735
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
24a. 5-21-68		24b. Sickman & Dunning Clinton Mo		
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR	
25a. John F. Suberman		25b. Mildred Rejman	25c. May 21, 1968	

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 *P. J. Dunning*

Licensed Embalmer No. 4710

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 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 5-21-68 (1113)