

FILED JUL 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23866

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 126

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City, Missouri	
c. LENGTH OF STAY (in this place) 35 Yrs		d. STREET ADDRESS (If rural, give location) 419 N. Liberty St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 419 N. Liberty St. /			

3. NAME OF DECEASED (Type or Print) a. (First) Iva b. (Middle) May c. (Last) Cornett		4. DATE OF DEATH (Month) (Day) (Year) July 13 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 25 1891
9. AGE (In years last birthday) 58		IF UNDER 1 YEAR (Month) (Day) 1 19	IF UNDER 24 HRS. (Hour) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Comers Rock Va. /
			12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles Adolphus	13b. MOTHER'S MAIDEN NAME Alice Hackler	14. NAME OF HUSBAND OR WIFE Charles W. Cornett
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Charles W. Cornett ADDRESS Webb city, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8:0 AM
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) carcinoma of abdomen		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		1991	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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?

22. I hereby certify that I attended the deceased from 6-10, 1949, to 7-13, 1949, that I last saw the deceased alive on 7-13, 1949, and that death occurred at 5:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. Blount 20-0	23b. ADDRESS Webb City Mo	23c. DATE SIGNED 7/14/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE July 19/49	24c. NAME OF CEMETERY OR CREMATORY Comers Rock Va. Cemetery	24d. LOCATION (City, town, or county) (State) Comers Rock Va.
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DATE REC'D BY LOCAL REG. JULY, 15, 1949	REGISTRAR'S SIGNATURE H. L. ...	25. FUNERAL DIRECTOR'S SIGNATURE Johnston Arnce Simpson ADDRESS Webb City, MO
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RECEIVED 7-18-49

Jasper County Health Office

County File Number 49-7-546

Date Filed 7-19-49

SEP 19 1951

NOV 17 1955

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, only

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Jack C. Simpson
Licensed Embalmer No. 4647
P. O. Address Webb City, 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.