

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40106

State File No. _____

FILED DEC 21 1949

BIRTH NO. _____ REG. DIST. NO. 8 PRIMARY REG. DIST. NO. 5834 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Pairie</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Pairie</u>	
c. LENGTH OF STAY (in this place) <u>5 Min.</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D.#1, Rush Hill</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Near Russell Adzell Farm</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>FAY</u>	b. (Middle)	c. (Last) <u>CORNETT JR.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 10, 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Nov. 2, 1934</u>	9. AGE (In years last birthday) <u>15</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Student</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Audrain County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Fay Cornett</u>	13b. MOTHER'S MAIDEN NAME <u>Nellie Mudd</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fay Cornett, R.F.D.#1, Rush Hill</u>
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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, asthenia, 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) <u>Coronary Case (Tractor turn over on head)</u>	DUE TO (b) <u>No injury. Crashed Chest. Accident took place on highway. No evidence of foul play.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>58234</u>

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>County road</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Pairie Audrain Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>November 10 1949 8 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Tractor turned over</u>
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22. I hereby certify that I attended the deceased from birth, 19____, to 12-10, 1949, that I last saw the deceased alive on _____, 19____, and that death occurred at 9 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. C. Adams M.D. Coroner</u>	23b. ADDRESS <u>Mexico Mo.</u>	23c. DATE SIGNED <u>12/11/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 12, 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laddonia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Laddonia, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>12-12-49</u>	REGISTRAR'S SIGNATURE <u>Martha</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. E. ...</u>	ADDRESS <u>Mexico, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 19 1949
District Health Officer No
District File Number 12-49
Date Filed DEC 19 1949

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
Student Embalmer

Signed

Ralph L. Hueston Jr.

Licensed Embalmer No. 4687

P. O. Address Mexico, 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.