

FILED JAN 9 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40121**

BIRTH NO. _____		REG. DIST. NO. <u>12</u>		PRIMARY REG. DIST. NO. <u>5047</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>BARRY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>BARRY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Teakins</u>		c. LENGTH OF STAY (in this place) <u>5</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Teakins</u>		d. STREET ADDRESS (If rural, give location) <u>12th. So. of Aurora</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>12th. So. of Aurora</u>				d. STREET ADDRESS (If rural, give location) <u>12th. So. of Aurora</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CORDELLA</u>			b. (Middle) <u>PALMER</u>			c. (Last) _____	
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 25-1949</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Feb 12, 1868</u>		9. AGE (in years last birthday) <u>81</u>		if under 1 year Months <u>9</u> Days <u>12</u>		if under 6 hrs. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>			11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>Barry</u>		13a. FATHER'S NAME <u>James Whitte</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Bell</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs Robert Lute Jenkins</u>	
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>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Robert Lute Jenkins</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH  ANTECEDENT CAUSES Morbidity 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.  <u>4201</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>Aurora Lawrence Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
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 <u>Nov 25, 1949</u> , to _____, 19____, that I last saw the deceased alive on <u>Nov 25, 1949</u> , and that death occurred at <u>10 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Mrs. Heron Underwood</u>				23b. ADDRESS <u>Aurora Mo</u>		23c. DATE SIGNED <u>Nov 26-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-27-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SPRING RIVER</u>		24d. LOCATION (City, town, or county) (State) <u>VERONA Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-2-50</u>		REGISTRAR'S SIGNATURE <u>Mrs. Gene Hudson</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>Gene S. March</u>		ADDRESS <u>Quincy Mo</u>	

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

RECEIVED JAN 4 1950  
District Health Office No. 8,  
District File Number 150-22  
Date Filed 4 Jan 50

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 \_\_\_\_\_

Myself  
working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed Oscar J. Mark

Licensed Embalmer No. 3812

P. O. Address Juarez, 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.