

THE DIVISION OF HEALTH OF MISSOURI
FILED JUN 27 1950 STANDARD CERTIFICATE OF DEATH

State File No. 19226

BIRTH NO. 32409-50 REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 155

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ja</u> b. COUNTY <u>Davis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirksville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Blountfield</u> 8140	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>Ja</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Leslie</u> b. (Middle) <u>Corn</u> c. (Last) <u>Corn</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 5 1950</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>May 31-50</u>	9. AGE (In years last birthday) <u>0</u> IF UNDER 1 YEAR Months <u>5</u> IF UNDER 24 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>✓</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Dr. R. W. Corn</u>	13b. MOTHER'S MAIDEN NAME <u>Carol Reeves</u>	14. NAME OF HUSBAND OR WIFE <u>✓</u>
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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>✓</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dr. R. W. Corn</u> ADDRESS <u>Blountfield, Ja</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary atelectasis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>7625</u>	

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 May 31, 1950, to June 5, 1950, that I last saw the deceased alive on June 5, 1950, and that death occurred at 4:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Mildred Lubbeck, D.O.</u>	23b. ADDRESS <u>Kirksville Mo.</u>	23c. DATE SIGNED <u>6-9-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>June 5-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memphis</u>	24d. LOCATION (City, town, or county) (State) <u>Memphis Mo</u>
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DATE REC'D BY LOCAL REG. <u>6-12-50</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred Geath</u> ADDRESS <u>Memphis</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUN 26 1956
District Health Officer
District File Number 6-50-
Date Filed JUN 26 1956

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

Fred Gerth

Licensed Embalmer No. 4256

P. O. Address Memphis

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.