

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 15 1951

State File No. 3996

0143

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

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>67</u>	
1. PLACE OF DEATH a. COUNTY <u>CALLAWAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CALLAWAY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>FULTON</u>		c. LENGTH OF STAY (in this place) <u>6 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>FULTON</u>		0143	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>200 AVENUE</u>				d. STREET ADDRESS (If rural, give location) <u>200 AVENUE</u>			
3. NAME OF DECEASED a. (First) <u>MARY</u>			b. (Middle) <u>VIRGINIA</u>		c. (Last) <u>CORNELIUS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 2 1951</u>
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>		8. DATE OF BIRTH <u>FEB 18 1912</u>	
9. AGE (In years last birthday) <u>39</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>MATRON STATE HOSPITAL</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SAME</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>ROBERT C. BAISE</u>		13b. MOTHER'S MAIDEN NAME <u>MYRTLE HICKMAN</u>		14. NAME OF HUSBAND OR WIFE <u>ALEX CORNELIUS</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Myrtle Baize, Fulton, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Leucemiosarcoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Leucemia - Sigmoid</u> DUE TO (c) <u>Col.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u>  <u>?</u>  <u>153X</u>  <u>10 yrs.</u>	
19a. DATE OF OPERATION <u>Jan 1951</u>		19b. MAJOR FINDINGS OF OPERATION <u>As above</u>				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>1948</u> , 19 <u>48</u> , to <u>March</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Mar 2, 1951</u> , and that death occurred at <u>8:00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John J. Brown M.D.</u>				23b. ADDRESS <u>Fulton</u>		23c. DATE SIGNED <u>3-3-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-4-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>		24d. LOCATION (City, town, or county) (State) <u>Callaway County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar-10-1951</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Margaret Funeral Home, Fulton, Mo.</u>			

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

MAR 12 1951

RECEIVED

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Walter J. Haines, Jr.

Licensed Embalmer No. 4557

P. O. Address Fulton, 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.