

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9618

840

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

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5969 Registrar's No. 411

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY OR TOWN <u>Dunnegan #2</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Dunnegan #2 Campbell</u>	d. STREET ADDRESS (If rural, give location) <u>1 1/2 mi. S.E. of Dunnegan Mo</u>
3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>Franklin</u> c. (Last) <u>Cornel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 6 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 9 1867</u>
9. AGE (In years, last birthday) <u>83</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Near Dunnegan Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Elijah Cornel</u>	13b. MOTHER'S MAIDEN NAME <u>Adeline A. Holmes</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Cornel</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 <u>Zula B. Edwards</u> ADDRESS <u>Dunnegan 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis Chronic</u> 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.	
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)	
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>Feb 25</u> , 19 <u>51</u> , to <u>March 6</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>March 5</u> , 19 <u>51</u> , and that death occurred at <u>10:40</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr R.S. Saunders, 2. P.O.</u>		23b. ADDRESS <u>Fair Play Mo</u>	23c. DATE SIGNED <u>3/9/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 8, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dunnegan Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>East of Dunnegan Mo</u>
DATE REC'D BY LOCAL REG. <u>Mar 9, 1951</u>	REGISTRAR'S SIGNATURE <u>Ralph Gordon</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Blue Jenkins</u> ADDRESS <u>Dunnegan Mo.</u>	

DIVISION OF DEATH RECORDS
District No. 5 - Springfield

RECEIVED, MAR 14 1951

Dist. File 35-175-44

Date Filed 3-15-51

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.....

Osby Jester

Signed.....
Student Embalmer

Licensed Embalmer No. 4154

P. O. Address Bethesda, Md.

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.