

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31139**

FILED OCT 10 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **235**

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

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Monroe</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Moberly</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Madison R.R. 069</b>	
c. LENGTH OF STAY (in this place) <b>14 days</b>		d. STREET ADDRESS (If rural, give location) <b>Rural</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>McCormick Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Johnnie</b>		b. (Middle) <b>Rae</b>	
		c. (Last) <b>Cornick</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>9-30-1951</b>			
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Sept 14-1903</b>
9. AGE (In years last birthday) <b>48</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farming</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>farming</b>	11. BIRTHPLACE (State or foreign country) <b>Monroe Co Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
13a. FATHER'S NAME <b>John Thomas Cornick</b>	13b. MOTHER'S MAIDEN NAME <b>Mattie Heathman</b>	14. NAME OF HUSBAND OR WIFE <b>Helen May Woodruff</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Johnnie Cornick</b> ADDRESS <b>Holleyway Moberly Mo R.R. 1</b>	
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myelogenous Leukemia</b>	
		INTERVAL BETWEEN ONSET AND DEATH <b>4 mo</b>	
		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 <b>Sept 16, 1951</b> , to <b>Sept 30, 1951</b> , that I last saw the deceased alive on <b>Sept 30, 1951</b> , and that death occurred at <b>1:10 a. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>W. H. McCormick D.O.</b>		23b. ADDRESS <b>300 1/2 Reed St. Moberly Mo.</b>	23c. DATE SIGNED <b>9-30-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>Oct 2/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Hill</b>	24d. LOCATION (City, town, or county) (State) <b>Madison R.R. 069</b>
DATE REC'D BY LOCAL REG. <b>Oct 2-51</b>	REGISTRAR'S SIGNATURE <b>Seab. Williams</b>	FUNERAL DIRECTOR'S SIGNATURE <b>W. A. Thompson</b> ADDRESS <b>Moberly Mo</b>	

OCT 26 1951

OCT 20 1951

Date Received: OCT 9 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 10-57-1791  
Date Filed: OCT 9 1951

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 *Mrs. Freda Thompson*

Licensed Embalmer No. *3282*

P. O. Address *Madison Wis.*

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.