No. 300
10.48

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

FILED DEC 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37735

State File No.

BIRTH NO. REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5574 Registrar's No. 169

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Van Buren)
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5 miles north Lone Jack

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Van Buren)
d. STREET ADDRESS (If rural, give location): 5 miles north Lone Jack

3. NAME OF DECEASED (Type or Print)
a. (First): Samuel
b. (Middle): Addison
c. (Last): Corn

4. DATE OF DEATH (Month) (Day) (Year): 11-21-1951

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 2-3-1876
9. AGE (In years last birthday): 75 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lone Jack, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George Corn
13b. MOTHER'S MAIDEN NAME: Betty Temple
14. NAME OF HUSBAND OR WIFE: Widdie Perdue

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Widdie Corn Lone Jack Mo.

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 Widdie Perdue

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of duodenum — INTERVAL BETWEEN ONSET AND DEATH: 1 year

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: 152x
20. AUTOPSY? YES ☐ NO ☑

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June, 1951, *to* November, 1951, *that I last saw the deceased alive on* 11-17, 1951 *and that death occurred at* 3 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles Hiramler D.O.
23b. ADDRESS: Grain Valley
23c. DATE SIGNED: 11-23-51

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 11-24-1951
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove
24d. LOCATION (City, town, or county) (State): Oak Grove, Mo.

DATE REC'D BY LOCAL REG.: 11-24-51
REGISTRAR'S SIGNATURE: Donald C. Earnhart 378
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: Allen Funeral Pleasant Hill Mo.

(Licensed Embalmer's Statement on Reverse Side)

DEC 4 [illegible]

6322

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 William L. Anderson

Licensed Embalmer No. 4674

P. O. Address Pleasant Hill, 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.