

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5446

State File No. ....

FILED FEB 20 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 78

0495  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Jasper Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>mt Vernon Mo 0550</u>	
c. LENGTH OF STAY (In this place) <u>7 da</u>		d. STREET ADDRESS (If rural, give location) <u>116 West South St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hosp.</u>			

3. NAME OF DECEASED (Type or Print) <u>RACHEL</u>		b. (Middle) <u>N</u>		c. (Last) <u>CORNELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 12 1952</u>	
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5. SEX <u>2</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>July 4-1883</u>	9. AGE (In years last birthday) <u>68</u>	Months <u>7</u>	Days <u>8</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	11. BIRTHPLACE (State or foreign country) <u>Christian Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Joe Miller</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Ann</u>	14. NAME OF HUSBAND OR WIFE <u>Albert Cornell</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Raymond Cornell mt. Vernon Mo</u>	ADDRESS <u>mt. Vernon Mo</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</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 <u>None</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>4201</u>
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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?
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22. I hereby certify that I attended the deceased from Oct 15, 1951 to Feb 11, 1952, that I last saw the deceased alive on Feb 11, 1952 and that death occurred at 5:50 am., from the causes and on the date stated above.

23a. SIGNATURE <u>Harold E. Geis</u>	(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>mt Vernon Mo</u>	23c. DATE SIGNED <u>Feb 13 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-15-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hoberg Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>near Hoberg Lawrence Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-14-52</u>	REGISTRAR'S SIGNATURE <u>Edo James</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. D. Fossett</u>	ADDRESS <u>mt Vernon</u>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 2-18-52  
Jasper County Health Office

County File Number 52/2/112  
Date Filed 2-18-52

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 me

working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed H. M. Forsett

Licensed Embalmer No. 2201

P. O. Address W. Vernon, 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.)

"this body" is not embalmed, fact should be so stated above.

dm