

FILED MAR 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12883
Registrar's No. 13

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give town) Lamar		c. CITY (If outside corporate limits, write RURAL and give township) Rural, Newport Twp. 00140	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barton Co. Memorial Hosp		d. STREET ADDRESS (If rural, give location) Route 4	

3. NAME OF DECEASED (Type or Print) a. (First) James	b. (Middle) H.	c. (Last) Cornell	4. DATE OF DEATH (Month) (Day) (Year) Mar. 8, 1952
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 11, 1899	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME William Cornell	13b. MOTHER'S MAIDEN NAME Anetta Duncan	14. NAME OF HUSBAND OR WIFE Margaret Cornell
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Margaret Cornell, Newport, Mo.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation		6-8 mos
	ANTECEDENT CAUSES Hypertensive arteriosclerotic C.-V. disease		years
DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
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"/>
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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)
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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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from August, 1951, to (Nov. 9th, 1952) that I last saw the deceased alive on 3/9/52, 1952, and that death occurred at 10:02 P.M., from the causes and on the date stated above.

23a. SIGNATURE G. S. Cain	(Degree or title) R.D.	23b. ADDRESS Lamar, Mo	23c. DATE SIGNED 3/10/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 12, 1952	24c. NAME OF CEMETERY OR CREMATORY Newport Cemetery	24d. LOCATION (City, town, or county) (State) Barton County, Mo
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DATE REC'D BY LOCAL REG. MAR 11 1952	REGISTRAR'S SIGNATURE Marie Konantz	14-2	25. FUNERAL DIRECTOR'S SIGNATURE Charles W. Chiles	ADDRESS Lamar Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

Area

MAP 21 1967

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 Clarence W. Chiles

Licensed Embalmer No. 3473

P. O. Address Lamar 510

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.