

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9044**

FILED MAR 19 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **5725** Registrar's No. **15**

1. PLACE OF DEATH a. COUNTY <b>Macon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Nebraska</b> b. COUNTY <b>Richardson</b>	
b. CITY OR TOWN <b>Rural, Hudson</b>		c. CITY OR TOWN <b>Falls City</b> <b>8260</b>	
c. LENGTH OF STAY (in this place) <b>6y6-21</b>		d. STREET ADDRESS (If rural, give location) <b>None</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Still-Hildreth San</b>			

3. NAME OF DECEASED (Type or Print) <b>Myrtle Baktren Cornell</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2-28-1952</b>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <b>F</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M.</b>	8. DATE OF BIRTH <b>8-29-1882</b>	9. AGE (in years last birthday) <b>68</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>21</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>—</b>		11. BIRTHPLACE (State or foreign country) <b>Sarnia, Ontario</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
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13a. FATHER'S NAME <b>Mile Baktren</b>		13b. MOTHER'S MAIDEN NAME <b>Esther Ann Stevens</b>		14. NAME OF HUSBAND OR WIFE <b>Dr. L. L. Cornell</b>	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE, OR NAME, ADDRESS <b>Dr. L. L. Cornell Falls City, Mo.</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive Circulatory Failure</b>				<b>10 yrs.</b>	
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <b>Pre senile psychosis</b>					
		DUE TO (c) <b>Arteriosclerosis</b>					
		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 <b>#500</b>				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) (Min.)		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 **July 7, 1945**, to **Feb 28, 1952**, that I last saw the deceased alive on **Feb 28, 1952**, and that death occurred at **8:40 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Anna G. Mauck D.O.</b> (Degree or title)		23b. ADDRESS <b>Macon, Mo.</b>		23c. DATE SIGNED <b>2/28/52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		24b. DATE <b>2/2/52</b>		24c. NAME OF <del>CITY</del> OR CREMATORY <b>D.W. Newcomers &amp; Sons Kansas City, Mo.</b>		24d. LOCATION (City, town, or county) (State) <b>Macon, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>3/4/52</b>		REGISTRAR'S SIGNATURE <b>Dutch McNeely</b> <b>185</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Allan Skinner</b> ADDRESS <b>Macon</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED 3.15.52  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 35241  
Date Filed 3.18.52

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Thos. L. Bell

Signed.....  
Student Embalmer

Licensed Embalmer No. 4552

P. O. Address Macon, 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.