No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21867

FILED JUN 27 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5339

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): West Frankfort
d. STREET ADDRESS (If rural, give location): 808 East Main

3. NAME OF DECEASED (Type or Print)
a. (First): LILLIAN
b. (Middle): M.
c. (Last): CORNIA

4. DATE OF DEATH (Month): 6 (Day): 6 (Year): 52

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 6-6-1914
9. AGE (In years last birthday): 38
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): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Flethher, Kentucky
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: ~~unknown~~ Milburn Beverly
13b. MOTHER'S MAIDEN NAME: Nannie Black
14. NAME OF HUSBAND OR WIFE: Frank Cornia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: Frank Cornia, West Frankfort, Ill

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) ULCERATIVE COLITIS — INTERVAL BETWEEN ONSET AND DEATH: 3 months

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 [X] 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?

5722

I hereby certify that I attended the deceased from 5-30, 1952, to 6-6, 1952, that I last saw the deceased alive on 6-6, 1952, and that death occurred at 12:45pm., from the causes and on the date stated above.

23a. SIGNATURE: F. R. Bradley (Degree or title) M.D.
23b. ADDRESS: BARNES HOSPITAL
23c. DATE SIGNED: 6-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 6-8-52
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): West Frankfort, Ill.

DATE REC'D BY LOCAL REG.: JUN 10 1952
REGISTRAR'S SIGNATURE: J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Union, West Frankfort, Ill.
m/B
(Licensed Embalmer's Statement on Reverse Side)

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

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 Louis Williams

Licensed Embalmer No. 3565

P. O. Address St. Louis, 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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Illinois
County of Franklin } ss.

The Division of Health of Missouri
BUREAU OF VITAL STATISTICS

State File No. 21867

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 5339

On this 10th day of September, 1955, before me appears Joe Sabolo, who, upon his oath, states that the original record of ~~birth~~ death for Lillian M. Cornia, ~~born~~ died 6-6, 1952, in the State of Missouri, and which was filed at St. Louis Mo. on 6-10, 1952, should be corrected as follows:

Item No. 13 a should read Milburn Beverly

Instead of ----

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Joe Sabolo Funeral Director
Relationship.
Union Funeral Service
West Frankfort, Illinois
Present Address.

Subscribed and sworn to before me this 10th day of September, 1955.

My Commission expires February 1957 Donald Edwards Notary Public.

V. S. 460