

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 11 1953

BIRTH NO. _____		REG. DIST. NO. 214		PRIMARY REG. DIST. NO. 6060		Registrar's No. 2	
1. PLACE OF DEATH a. COUNTY St. Clair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Clair			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Collins (Rural)		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Collins (Rural)		0930	
d. FULL NAME OF HOSPITAL OR INSTITUTION Washington Township				d. STREET ADDRESS (If rural, give location) Washington Township			
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) A.		c. (Last) Corn		4. DATE OF DEATH (Month) (Day) (Year) 1/11/53	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 11/15/1859	
9. AGE (In years last birthday) 93		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping		10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Isom Cox		13b. MOTHER'S MAIDEN NAME Elizabeth Harding		14. NAME OF HUSBAND OR WIFE Deceased			
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 Mela Corn, Hume Missouri			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senile 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. 794X					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from 1-7 , 1952, to 1-11 , 1953, that I last saw the deceased alive on 1-7 , 1952, and that death occurred at 4 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE D. E. D. Brown Jr.				23b. ADDRESS Collins		23c. DATE SIGNED 1-12-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/13/53	24c. NAME OF CEMETERY OR CREMATORY Holsapple		24d. LOCATION (City, town, or county) (State) Collins Mo.		
DATE REC'D BY LOCAL REG 1-13-1953		REGISTRAR'S SIGNATURE Fulk Beevers		25. FUNERAL DIRECTOR'S SIGNATURE B. B. ...		ADDRESS	

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

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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 J. B. Gaudrich

Licensed Embalmer No. 3038

P. O. Address Paris, 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.