

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4785**
 BIRTH NO. **FILED FEB 18 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **455**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Lukes Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>4035 Charlotte Street</b> <b>3658</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Maren</b> b. (Middle) <b>K.</b> c. (Last) <b>Corn</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>January 28, 1954</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July, 29, 1876</b>
9. AGE (In years last birthday) <b>77</b>		10. UNDER 1 YEAR Months <b>4</b> Days <b>4</b>	11. UNDER 18 HRS. Hours <b>4</b> Min.
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 (City and State or Foreign Country) <b>Denmark</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Peter Sorensen</b>	
13b. MOTHER'S MAIDEN NAME <b>Igneborg Marie Moeller</b>		14. NAME OF HUSBAND OR WIFE <b>Alvin W. Corn</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Grandson</b>		ADDRESS <b>John P. Schaaf, Jr. - 4400 Jarboe, K. C. Mo.</b>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral arteriosclerosis</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <b>15 yrs.</b>  <b>10 yrs.</b>  <b>332X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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 <b>Jan 25, 1954</b> , to <b>Jan 27, 1954</b> , that I last saw the deceased alive on <b>Jan 27, 1954</b> , and that death occurred at <b>4:50 A. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>E. L. Slonitz</b>		23b. ADDRESS <b>315 Nichols Rd, K.C., Mo.</b>	
23c. DATE SIGNED <b>Jan. 28, 54</b>		23d. LOCATION (City, town, or county) (State) <b>Sioux City, Iowa</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>1-29-54</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>-</b>		24d. LOCATION (City, town, or county) (State) <b>Sioux City, Iowa</b>	
DATE REC'D BY LOCAL REG. <b>1-29-54</b>		REGISTRAR'S SIGNATURE <b>Sheldine Smith</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>DW Newman</b>		ADDRESS <b>1251 DRURY CENTER BLDG. Kansas City, Mo.</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.....  
Signature of Student Embalmer

Signed *Albert L. Savage*

Licensed Embalmer No.....48

P. O. Address *Hanson*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.