

FILED DEC 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40863

State File No. _____
Registrar's No. **5505**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 5505				
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO.				b. COUNTY JACKSON		
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. LENGTH OF STAY (in this place) 97 MIN.		c. CITY OR TOWN SIBLEY		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION LAKESIDE HOSP				e. STREET ADDRESS (If rural, give location) R.F.D #1				7000		
3. NAME OF DECEASED (Type or Print) a. (First) Virgie			b. (Middle) LEE		c. (Last) CORNELL		4. DATE OF DEATH (Month) (Day) (Year) 11 28 1954			
5. SEX F	6. COLOR OR RACE WH	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Aug 18 1920		9. AGE (In years last birthday) 34	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 1 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE			10b. KIND OF BUSINESS OR INDUSTRY Lab. City Anne		11. BIRTHPLACE (City and State or Foreign Country) Missouri			12. CITIZEN OF WHAT COUNTRY? Am.		
13a. FATHER'S NAME WILLIAM SANDERS			13b. MOTHER'S MAIDEN NAME JONES			14. NAME OF HUSBAND OR WIFE Irwin R. Corn				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 476-26-2788		17. INFORMANT'S SIGNATURE OR NAME Stanborn Sibley MO				ADDRESS	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Med. Cert. Nasal Cerebral hemorrhage Embolism of Cardiac & respiratory centers Cerebral Hemorrhage						INTERVAL BETWEEN ONSET AND DEATH 4 HRS.		
		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.						331X		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input 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 Nov 27 , 1954, to Nov 28 , 1954, that I last saw the deceased alive on Nov 28 , 1954, and that death occurred at 12:37 m. from the causes and on the date stated above.										
23a. SIGNATURE L. W. Higgins				23b. ADDRESS D.O. Buchanan MO.		23c. DATE SIGNED 11-29-54				
24a. BURIAL CREMATION (REMOVAL) (Specify) Burial		24b. DATE Nov-30-54	24c. NAME OF CEMETERY OR CREMATORY Blue Springs		24d. LOCATION (City, town, or county) (State) Blue Springs MO					
DATE REC'D BY LOCAL REG. 11-30-54		REGISTRAR'S SIGNATURE neva minshall			25. FUNERAL DIRECTOR'S SIGNATURE Webb Funeral Home Blue Springs MO					

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 *R B Webb*.....

Licensed Embalmer No. *231*

P. O. Address *Blue Springs*

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.