

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **73**
Registrar's No. **2**

FILED JAN 11 1956

BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002**

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

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Montgomery	
b. CITY OR TOWN Mexico	c. LENGTH OF STAY (in this place) 8 Days	c. CITY OR TOWN Belleflower Montgomery	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Allen Nursing Home		STREET ADDRESS (If rural, give location) Allen Nursing Home	

3. NAME OF DECEASED (Type or Print) a. (First) Temple b. (Middle) Cornelius c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) January 6 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 3 1881	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY General Duties	11. BIRTHPLACE (City and State or Foreign Country) Montgomery Co Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Edward Philips	13b. MOTHER'S MAIDEN NAME Virginia Steward	14. NAME OF HUSBAND OR WIFE Omar Cornelius
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Omar Cornelius	ADDRESS Belleflower Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pulmonary edema		INTERVAL BETWEEN ONSET AND DEATH 13 days	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Causes of lung and abdomen			1 yr.
	DUE TO (c) Primary Causes of hepatic flexure			3 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardio renal disease			10 yrs.	

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	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) 153X
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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? _____
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22. I hereby certify that I attended the deceased from **Dec 28**, 19**55**, to **Jan 6**, 19**56**, that I last saw the deceased alive on **Jan 6**, 19**56**, and that death occurred at **5:30** p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William D. [Signature]	23b. ADDRESS 112 N. Clark	23c. DATE SIGNED 1-6-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 8 1956	24c. NAME OF CEMETERY OR CREMATORY Prices Branch	24d. LOCATION (City, town, or county) (State) Montgomery Co Mo.
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DATE REC'D BY LOCAL REG. Jan 6 1956	REGISTRAR'S SIGNATURE Blanche	25. FUNERAL DIRECTOR'S SIGNATURE Neely Oland & Jones	ADDRESS Belleflower Mo.
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(Licensed Embalmers Statement on Reverse Side)

FEB 5 1957

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 Me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Clarence Jones*.....
Licensed Embalmer No...2978..

P. O. Address..Bellflower..

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.