

FILED APR 30 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12280

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>11</u>		PRIMARY REG. DIST. NO. <u>5043</u>		Registrar's No. <u>28</u>	
1. PLACE OF DEATH a. COUNTY <b>Barry</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Seligman</b>		c. LENGTH OF STAY (in this place) <b>life</b>		c. CITY OR TOWN <b>Seligman</b>		d. Is 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				e. STREET ADDRESS (If rural, give location) <b>east</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>DAISY</b>		b. (Middle) <b>LYDIA</b>		c. (Last) <b>CORNELL</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 10, 1956</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>Oct. 29, 1887</b>	
9. AGE (In years last birthday) <b>68</b>		10. 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>home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Barry County, Missouri</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Carter Skelton</b>		13b. MOTHER'S MAIDEN NAME <b>Clementine Pendergraft</b>		14. NAME OF HUSBAND OR WIFE <b>Troy Cornell</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Wayne Cornell-Joplin, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Conjunctive Heart Failure</b>				INTERVAL BETWEEN ONSET AND DEATH <b>4-10-56</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pulmonary Pneumonia</b>				<b>4-9-56</b>	
		DUE TO (c) <b>Hypertensive Cardio-Vascular disease</b>				<b>1950</b>	
		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 <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)		<b>443X</b>	
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 <u>1950</u> , 19 <u>   </u> , to <u>4-10-1956</u> , that I last saw the deceased alive on <u>4-10</u> , 19 <u>56</u> , and that death occurred at <u>9 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>N.C. Edwards</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>Logans, Arkansas</b>		23c. DATE SIGNED <b>4-13-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-12-1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Salem Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Seligman, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>4-16-56</b>		REGISTRAR'S SIGNATURE <b>Grace Williams</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul D. Seibert</b> ADDRESS <b>Cassville, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 456-72

DATE REC. 4-23-56

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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 em  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Paul D. Henbest.....

Licensed Embalmer No. 455

P. O. Address Cassville..

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.