

0100

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 27 1956

37042

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4044 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sturgeon</u>		c. CITY OR TOWN <u>Sturgeon</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>7 yrs</u>		STREET ADDRESS (If rural, give location) <u>0100 - 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>SAMUEL</u> b. (Middle) <u>ROBERT</u> c. (Last) <u>CORNELISON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 18 1956</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <input checked="" type="checkbox"/> MARRIED (Specify)	8. DATE OF BIRTH <u>Feb. 22, 1870</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Days <u>22</u> Hours <u>---</u> Min. <u>---</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Boone Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Aaron Cornelison</u>	13b. MOTHER'S MAIDEN NAME <u>Polly Ann Cornelison</u>	14. NAME OF HUSBAND OR WIFE <u>Mollie Rowland Cornelison</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or date of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mollie Cornelison, Sturgeon, Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adenocarcinoma of Rectum</u>		
ANTECEDENT CAUSES Morbidity 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.			

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?
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22. I hereby certify that I attended the deceased from 10/28, 1956, to 11/8, 1956 that I last saw the deceased alive on 11/5, 1956 and that death occurred at 3:00P m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>Robert Ward MD</u>	23b. ADDRESS <u>Centralia</u>	23c. DATE SIGNED <u>11/20/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 20, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethlehem C emetery</u>	24d. LOCATION (City, town, or county) (State) <u>Boone Co., Missouri</u>
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DATE REC'D BY LOCAL REG <u>Nov. 23. 1956</u>	REGISTRAR'S SIGNATURE <u>Maud Mc Bride</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bill G. Mendor Centralia, Missouri</u>
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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 Richard Norton, Student Embalmer No. 540
working under my personal supervision.

Student Richard A. Norton
Signature of Student Embalmer

Signed Bill J. Medler

Licensed Embalmer No. 4876

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