

STANDARD CERTIFICATE OF DEATH

5282

FILED FEB 27 1957

STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 3030 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY JEFFERSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JEFFERSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR - TOWN FESTUS, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN FESTUS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 628 S. Adams St.			Length of stay in lb		d. STREET ADDRESS 628 S. ADAMS STR.
3. NAME OF DECEASED (Type or print) CORNELIA			First CORNELIA Middle Last MURPHY		4. DATE OF DEATH 2-11-57
5. SEX FEMALE	6. COLOR OR RACE CHLORED	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 17, 1888	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and state or country) IRONTON, MO. 0		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME WILLIS COLE			14. MOTHER'S MAIDEN NAME MARIE BRANNUM		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Leora Coffman St. Mary's, Mo		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage DUE TO (b) Hypertension DUE TO (c) Cardiovascular disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 443x		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. 			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Febr. 9, 1957 to Febr. 14, 57 and last saw her alive on Febr. 14, 57 Death occurred at 6 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Bertalan Bolgar, M.D.			22b. ADDRESS Festus, Mo		22c. DATE SIGNED 2/15/57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 2-16-57	23c. NAME OF CEMETERY OR CREMATORY MT ZION CEMETERY		23d. LOCATION (City, town, or county) (State) CRYSTAL CITY, MO.
24. FUNERAL DIRECTOR Georgio R. Pelletto			25. DATE RECD. BY LOCAL REG. 2-15-57		26. REGISTRAR'S SIGNATURE Paul G. Disher

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be stated. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

300-56

5102

Licensed Embalmer's Statement on Reverse Side

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

FEB 19 1957

AUG 30 1957

JUN 27 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, Student Embalmer No..... working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed *Gentry K. Politt*
Licensed Embalmer No. *37*

P. O. Address *Crystal*

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.