

FILED JUL 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 27241

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 129

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| 1. PLACE OF DEATH a. COUNTY <u>Vernon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u> | | c. CITY OR TOWN <u>El Dorado Springs</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Anderson Nursing Home</u> | | d. STREET ADDRESS (If outside, give location) | |
| Length of stay in lb <u>6 weeks</u> | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) <u>George Corney</u> | | | 4. DATE OF DEATH Month <u>July</u> Day <u>13</u> Year <u>1957</u> | | |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>July 16, 1879</u> | 9. AGE (In years last birthday) <u>77</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> | IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTH PLACE (City and state or country) <u>Stockton, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Frank Corney</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Deceased</u> |
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| 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. <u>331x</u> | 17. INFORMANT Address <u>Anderson Nursing Home, Nevada, Mo.</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>✓</u> DUE TO (c) <u>✓</u> | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I.(a) <u>Advanced age</u> | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 20a. ACCIDENT SUICIDE HOMICIDE <u>none</u> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>none</u> |
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| 20c. TIME OF INJURY Hour <u>none</u> Month, Day, Year <u>none</u> |
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| 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 <u>Nevada Vernon Mo.</u> |
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21. I attended the deceased from July 12/57 to July 13/57 and last saw him alive on July 12-57.
Death occurred at mo the date stated above, and to the best of my knowledge from the causes stated.

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| 22a. SIGNATURE <u>W. Stover MD</u> (Degree or title) | 22b. ADDRESS <u>Nevada Mo</u> | 22c. DATE SIGNED <u>7-15-57</u> |
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| 23a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>7-16-57</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>El Dorado Springs</u> | 23d. LOCATION (City, town, or county) (State) <u>El Dorado Springs Mo.</u> |
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| 24. FUNERAL DIRECTOR ADDRESS <u>Swain-Carolton, El Dorado Springs</u> | 25. DATE RECD. BY LOCAL REG. <u>7-17-57</u> | 26. REGISTRAR'S SIGNATURE <u>Anna E. Perry</u> |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Floyd E. Cuthbert*

Licensed Embalmer No. *4419*

P. O. Address *E. Dorado Sp...*

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.