

health, Welfare public service
 300 -56
 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005094

FILED MAR 10 1958

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 196B

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Greene</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Webster</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Burge, Hospital</u>		Length of stay in lb <u>3 days</u>		c. CITY OR TOWN <u>Diggins, Missouri</u>		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>William</u>		Middle <u>J.</u>		Last <u>Cornelison</u>		Month <u>2</u> Day <u>25</u> Year <u>1958</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>9-3-1876</u>	
9. AGE (In years last birthday) <u>81</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Railroading</u>		11. BIRTHPLACE (City and state or country) <u>Webster Co, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad Work</u>				11. BIRTHPLACE (City and state or country) <u>Webster Co, Missouri</u>			
13. FATHER'S NAME <u>Garrett Cornelison</u>				14. MOTHER'S MAIDEN NAME <u>Menerva Barnett</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-18-5433</u>		17. INFORMANT <u>Mrs Remon Kleier, Seymour, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							
PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Congestive Heart Failure</u>						<u>Unknown</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) <u>Arteriosclerotic Heart Disease</u>	
						DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.) <u>4200</u>			
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m.							
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 <u>2-23-58</u> to <u>2-25-58</u> and last saw ^{him} her alive on <u>9⁴⁹ PM 2-25-58</u>							
Death occurred at <u>9⁵⁰ PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Albert P. Simpson M.D.</u>				22b. ADDRESS <u>301 Springfield Med Bldg. Springfield, Mo.</u>		22c. DATE SIGNED <u>3-4-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Feb 28-1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Box Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Near Seymour, Mo.</u>	
24. FUNERAL DIRECTOR <u>Shank Coroner Seymour Mo</u> ADDRESS _____				25. DATE RECD. BY LOCAL REG. <u>3-7-58</u>		26. REGISTRAR'S SIGNATURE <u>Effie G. Melton</u>	

(Licensed Embalmer's Statement on Reverse Side)

MAR 25 1958

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 *Alan S. Jewell*.....

Licensed Embalmer No. *78*.....

P. O. Address *Mansfield*.....

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.