

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-046979

STATE FILE NUMBER

FILED DEC 22 1958

Registration District No. 360 Primary Registration District No. 3076

Registrar's No. 232

S. 300  
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Vernon</u>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Nevada</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Belcher Nursing Home</u>			Length of stay in lb <u>3 Yrs</u>		d. STREET ADDRESS (If outside, give location) <u>102 E. Hunter</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First <u>Chester</u> Middle <u>Lee</u> Last <u>Correll</u>				4. DATE OF DEATH Month <u>11</u> Day <u>28</u> Year <u>58</u>							
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>9-5-58</u>		9. AGE (In years (less birthday)) <u>67</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>	
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		11. BIRTHPLACE (City and state or country) <u>Dade Co. Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Marrion Correll</u>				13b. MOTHER'S MAIDEN NAME <u>Emma McVey</u>				14. NAME OF HUSBAND OR WIFE <u>.....</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT Address <u>Mrs Miles Hutchinson, Nevada, Mo</u>					
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>Stroke</u> DUE TO (b) <u>Cerebral arteriosclerosis</u> DUE TO (c) <u>Generalized arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Previous stroke about 4 years ago.</u>								INTERVAL BETWEEN ONSET AND DEATH <u>334x</u>			
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.)								
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a.m. _____ p.m. _____											
20d. INJURY OCCURRED WHILE AT <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>Nov. 18, 1958</u> to <u>Nov. 28, 1958</u> and last saw <sup>him</sup> <u>him</u> alive on <u>Nov. 28</u> Death occurred at <u>Nevada, Mo.</u> <u>1:30 A</u> on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <u>J. P. McCann, M.D.</u>						22b. ADDRESS <u>Moore Bldg., Nevada, Missouri</u>			22c. DATE SIGNED <u>12/1/1958</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>11-28-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Shiloh Cem</u>				23d. LOCATION (City, town, or county) <u>Miller, Mo.</u>		(State)	
24. FUNERAL DIRECTOR <u>Morris &amp; Leiman</u>				ADDRESS <u>Miller, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>12-17-58</u>		26. REGISTRAR'S SIGNATURE <u>Anna E. Jerry</u>			

022 63 022

10 3 2 022

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 *[Handwritten Signature]* .....

Licensed Embalmer No. *4853* .....  
P. O. Address *Thunder, 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.