

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000791

STATE FILE NUMBER

FILED FEB 10 1959

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kennett</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Brassy City</u> <u>0182</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Precnell Hosp.</u>		Length of stay in 1b <u>2 days</u>	d. STREET ADDRESS (If outside, give location) <u>-</u>
3. NAME OF DECEASED (Type or print) First <u>Johnnie</u> Middle <u>Mack</u> Last <u>Cornman</u>			4. DATE OF DEATH Month <u>Feb</u> Day <u>5</u> Year <u>1959</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>6-1-1958</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Original</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR Month <u>4</u> Days <u>7</u> IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>
11. BIRTHPLACE (City and state or country) <u>Brassy City, mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>usa</u>	
13a. FATHER'S NAME <u>Alfred Cornman</u>		13b. MOTHER'S MAIDEN NAME <u>Sadie Karn</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>mo</u>		17. INFORMANT Name <u>Sadie Cornman</u> Address <u>Brassy City</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>Bilateral lobes Pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<u>490x</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Acute Sarcinosis & Acidosis</u>			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.)		
20c. TIME OF INJURY Hour _____ 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>2-8-59</u> to <u>2-6-59</u> and last saw <u>him</u> alive on <u>2-6-59</u> Death occurred at <u>10:15 p.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (In ink) <u>James Russell, M.D.</u>		22b. ADDRESS <u>Kennett, Mo.</u>	
22c. DATE SIGNED <u>2-6-59</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>2-6-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Starfield</u>	
23d. LOCATION (City, town, or county) (State) <u>Clarkton, mo</u>		24. FUNERAL DIRECTOR <u>McDaniel Kennett, mo</u>	
25. DATE RECD. BY LOCAL REG. <u>2-6-1959</u>		26. REGISTRAR'S SIGNATURE <u>Leah Husband</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 Body was not embalmed, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Hulbert Baird

Licensed Embalmer No. 4984

P. O. Address Kennett

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.