

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002027
State File No.

FILED FEB 2 1959

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <u>Chillicothe</u>		c. CITY OR TOWN <u>Chillicothe</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>75 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>427 C lay</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home, 427 Clay S t.</u>			

3. NAME OF DECEASED a. (First) <u>Nellie</u> b. (Middle) <u>Ethel</u> c. (Last) <u>Cornue</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 19, 59</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 22, 1884</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Chillicothe, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Fred A Tucker</u>		13b. MOTHER'S MAIDEN NAME <u>Ma rtha Mc Millan</u>		14. NAME OF HUSBAND OR WIFE <u>Fred C ornue</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fred C ornue Chillicothe Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>30 hours</u> <u>year</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 19, 56 to Jan 19, 1959, that I last saw the deceased alive on 1/19/59, and that death occurred at 10:00 a.m. from the causes and on the date stated above.

23a. SIGNATURE <u>M. W. Russell Ph. & M. D.</u>	(Degree or title)	23b. ADDRESS <u>Chillicothe</u>	23c. DATE SIGNED <u>1/20/59</u>
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 22, 1959</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Edgewood</u>	24d. LOCATION (City, town, or county) (State) <u>Chillicothe Mo</u>
DATE REC'D BY LOCAL REG. <u>1-20-59</u>	REGISTRAR'S SIGNATURE <u>Frances B Neal</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Earl M. Keeney Chillicothe Mo</u>	

Item 1 added by county of Livingston, Mo. 3-6-59 Del
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6961 8 135

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 *Earl M. Keeney*
Licensed Embalmer No. *3077*

P. O. Address *Willetts*

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.