

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-008801  
STATE FILE NUMBER

Health,  
Welfare  
Public  
Service

ILLU MAR 23 1959 Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <b>COLE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>Miller</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JEFFERSON CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Eldon 66610</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. MARY'S HOSPT.</b>		Length of stay in 1b <b>4 WEEKS</b>	d. STREET ADDRESS (If outside, give location) <b>7th + AURORA</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>MAUDE MAY CORNETT</b>			4. DATE OF DEATH Month Day Year <b>MAR. 19 1959</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>CAUCASIAN</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>MAR. 20, 1882</b>
9a. AGE (In years last birthday) <b>76</b>		9b. IF UNDER 1 YEAR Months <b>11</b> Days <b>29</b>	9c. IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>MORGAN CO., MO.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>William Easley</b>	
13b. MOTHER'S MAIDEN NAME <b>Isabell Burkhardt</b>		14. NAME OF HUSBAND OR WIFE <b>W. A. CORNETT</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT Address <b>AARON CORNETT VERNON, LA.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>General Peritonitis</b> DUE TO (b) <b>Ruptured of ileum</b> DUE TO (c) <b>Paralytic ileus caused by</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Trauma - Bilateral femoral fractures - shock etc.</b>			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" 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.) <b>car accident</b>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <b>2-22-59</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>Eldon - Miller - Mo</b>	
21. I attended the deceased from <b>2-22-59</b> to <b>3-19-59</b> and last saw her alive on <b>3-19-59</b> Death occurred at <b>3-19-59 @ 336 a</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>A. Edman M.D.</b>		22b. ADDRESS <b>Jeff. City - Mo</b>	
22c. DATE SIGNED <b>3.20.59</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
23b. DATE <b>MAR. 21, 1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Eldon</b>	
23d. LOCATION (City, town, or county) (State) <b>Eldon Mo.</b>		24. FUNERAL DIRECTOR ADDRESS <b>Louis D. Phillips Eldon</b>	
25. DATE RECD. BY LOCAL REG. <b>21 March 1959</b>		26. REGISTRAR'S SIGNATURE <b>R.P. Dorris, M.D. - MR.</b>	

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300  
1-57

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V

X

7358

MAR 30 1959

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 *R. D. Phillips*

Licensed Embalmer No. *3663*  
P. O. Address *Eden*

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.