

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021280

FILED JUN 17 1959

Registration District No. 149 Primary Registration District No. 1002 STATE FILE NUMBER 2659
Registrar's No. 2659

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY NORTH Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		Length of Stay <u>24 hrs.</u>	d. STREET ADDRESS (If outside, give location) 4921 NORTH WHEELING Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First PATSY Middle LUCRETIA Last CORN			4. DATE OF DEATH Month MAY Day 27 Year 1959		
---	--	--	---	--	--

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JUNE 11, 1946	9. AGE (In years last birthday) 12	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS Hours Min.
----------------------	-------------------------------	---	---------------------------------------	---	---	-------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Siloam Springs, ARK	12. CITIZEN OF WHAT COUNTRY? U. S. A
---	-----------------------------------	---	---

13a. FATHER'S NAME EUAL DEAN CORN	13b. MOTHER'S MAIDEN NAME WANDA LUCILLE BENTON	14. NAME OF HUSBAND OR WIFE
--	---	-----------------------------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No No	17. INFORMANT EUAL DEAN CORN-KANSAS CITY NORTH, MISSOURI Address 4921 NO. WHEELING
---	--------------------------------------	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subdural Hemorrhage + Multiple Skull fractures Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Multiple Skull fractures DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input checked="" 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, Year a.m. 5-26-59 p.m.	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.) Highway	20f. CITY, TOWN, OR LOCATION Pleasant Valley COUNTY Clay STATE MO
---	---	---	--

21. I attended the deceased from _____ to _____ and last saw ^{him} _{her} alive on _____
Death occurred at **4:00 P.** m on the date stated above; and to the best of my knowledge, from the causes stated.

21a. SIGNATURE Geo. C. Kealhofer, Jr. Deputy Coroner (Degree or title) 3	22b. ADDRESS 6677 Parkout 15 Ave	22c. DATE SIGNED 5-28-59
--	---	---------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 5-30-59	23c. NAME OF CEMETERY OR CREMATORY Fairmount Cem	23d. LOCATION (City, town, or county) (State) Siloam Springs ARK
--	--------------------------	---	---

24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS-KANSAS CITY, MO.	25. DATE RECD. BY LOCAL REG. 5-29-59	26. REGISTRAR'S SIGNATURE New Marshall
--	---	---

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Geo. C. Kealhofer
All diseases in Part I must be causally related.

NOV. 10 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 *J. W. Peterson*

Licensed Embalmer No. *4889*

P. O. Address *St. C., 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.