URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 21 1959

'59 044126

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5896

AMENDED

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Length of stay in 1b: 6 mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: V A HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: Cooper
c. CITY OR TOWN: BOONVILLE, — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 506 LEROY STREET — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: CLARENCE Middle: N Last: CORNWELL
4. DATE OF DEATH: Month December Day 7 Year 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-7-88
9. AGE (last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired City Fireman
10b. KIND OF BUSINESS OR INDUSTRY: Fireman
11. BIRTHPLACE (City and state or country): Cooper County, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Wm. Cornwell
13b. MOTHER'S MAIDEN NAME: Nettie Cooper
14. NAME OF HUSBAND OR WIFE: Katherine Cornwell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: No Record
17. INFORMANT: VA Hospital Official Records, K.C. Mo. — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Squamous cell carcinoma of right lung
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

VA

21. I attended the deceased from May 21, 1959, to December 7, 1959 and last saw him alive on
Death occurred at 11:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): ALBERT L. CHASSON, M.D. Albert L. Chasson
22b. ADDRESS: VA Hospital, Kansas City, Mo.
22c. DATE SIGNED: 12-8-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12-9-59
23c. NAME OF CEMETERY OR CREMATORY: Walnut Grove Cemetery
23d. LOCATION (City, town, or county) (State): Boonville Mo

24. FUNERAL DIRECTOR: Wagner Funeral Home, K.C. Mo — ADDRESS
25. DATE RECD. BY LOCAL REG.: 12-8-59
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

JAN 8

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Alvin R. Haunsche

Signature of Student Embalmer

Licensed Embalmer No. 4159

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.