URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 20 1960

-60-038702

STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 204

ENDED

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Carthage — Length of stay in Ib: 5 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: McCune Brooks Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Newton
c. CITY OR TOWN: Granby — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): None — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Clara Middle: Caroline Last: Corner
4. DATE OF DEATH: Month: October Day: 6 Year: 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12-24-1884
9. AGE (last birthday): 75
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): House work
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Newton County, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Frank Corner
13b. MOTHER'S MAIDEN NAME: Eliza Knoght
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Address: Mrs. Norman Porter Granby, Missouri

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) Arterio sclerotic Cardio-vascular
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) disease, with Myocardial
DUE TO (c) degeneration and failure — INTERVAL BETWEEN ONSET AND DEATH: 4 days.
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

21. I attended the deceased from July 28, 1952 to Oct 6, 1960 and last saw her alive on Oct 6, 1960
Death occurred at 1:25 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: George H. Wood (Degree or title) MD
22b. ADDRESS: Carthage Mo
22c. DATE SIGNED: 10/10/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-9-1960
23c. NAME OF CEMETERY OR CREMATORY: Granby Memorial
23d. LOCATION (City, town, or county) (State): Granby, Missouri

24. FUNERAL DIRECTOR: Shewmake ADDRESS: Funeral Home Granby, Mo.
25. DATE RECD. BY LOCAL REG.: 10-11-60
26. REGISTRAR'S SIGNATURE: Ely Clinton

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Floyd E. Stewmake

Signature of Student Embalmer

Licensed Embalmer No. 4923

P. O. Address Box 58 Granby,

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