

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040838

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Primary Registration District No. 3023 Registrar's No. 258

DATE AMENDED

INSTEAD OF

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Henry b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Clinton Length of stay in 1b 5 Days c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Wetzel Osteopathic Hosp. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry c. CITY OR TOWN Clinton, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) 504 E. Grand River St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Middle Last Cecil G. Correll			4. DATE OF DEATH Month Day Year Nov. 11, 1961			
5. SEX Male	6. COLOR OR RACE- White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-13-1888	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months 11 Days 28	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Johnson Co. Mo.		11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Minnie Jane Correll		14. NAME OF HUSBAND OR WIFE Deceased	
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. 489-42-5095		17. INFORMANT Maurice Seaton, 406 S. Orchard Clinton, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial Insufficiency DUE TO (c) Cerebral vascular hemorrhage						INTERVAL BETWEEN ONSET AND DEATH 12 hrs 36 hrs 6 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)				
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
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 11-5-61 to 11-11-61 and last saw her/him alive on 11-11-61 Death occurred at 12:27 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Clinton L. Glassy D.O.			22b. ADDRESS Clinton, Mo.		22c. DATE SIGNED 11/13/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 13, 1961	23c. NAME OF CEMETERY OR CREMATORY White Oak Cemetery		23d. LOCATION (City, town, or county) State Urich, Mo. Rural	
24. FUNERAL DIRECTOR W.A. Lousant, Clinton, Mo.			25. DATE RECD. BY LOCAL REG. NOV. 13, 1961		26. REGISTRAR'S SIGNATURE Wildred Biggers	

APR 3 1962

JUN 4 1963

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. A. Tinsand*

Licensed Embalmer No. 3779

P. O. Address Clinton, 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.