

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010858

STATE FILE NUMBER

Registered District No. 149 Primary Registration District No. 1002 Registrar's No. 1385

FILED MAR 26 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1

23868

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94200

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1290-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

5-2-62

12-17-1891 + 71

12-17-1899 + 72

829

DOCUMENT child's birth record

BY AFFIDAVIT OF Informant
Herald W. Voth
MEDICAL CERTIFICATION

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 TOWN KANSAS CITY		Length of stay in 1b 50 YEARS	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 617 EAST 63rd TERRACE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 617 EAST 63rd TERRACE
3. NAME OF DECEASED (Type or print) EDNA M. CORNING		4. DATE OF DEATH Month MARCH Day 7th Year 1962	
5. SEX FEMALE	6. COLOR OR RACE CAUCASIAN	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-17-1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE - AT HOME		10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC	9. AGE (last birthday) 71
11. BIRTHPLACE (City and state or country) FARLINGTON KANSAS		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME JOHN HOLTMAN		13b. MOTHER'S MAIDEN NAME LOTTIE HARMAN	14. NAME OF HUSBAND OR WIFE HARRY ALLEN CORNING
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. NONE	
17. INFORMANT MRS JOHN ROBERTSON, LEAWOOD, KANSAS		17. ADDRESS 9825 OVERBROOK ROAD	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease with Congestive Failure and Coronary Insufficiency			INTERVAL BETWEEN ONSET AND DEATH 4 yrs.
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. <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"/>	20. 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 June 1939 to Mar 7 1962	
21. I attended the deceased from Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.		21. I last saw her alive on Mar 1, 62	
22a. SIGNATURE Herald W. Voth, M.D.		22b. ADDRESS 201 Plaza West 15. C. Mo.	
22c. DATE SIGNED Mar 8, 62		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAR. 9, 1962	23c. NAME OF CEMETERY OR CREMATORIUM MT. MORIAH CEMETERY	23d. LOCATION (City, town, or county) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR D.W. Newcomer's Sons Kansas City, Mo		25. DATE RECD. BY LOCAL REG. 3-9-62	
26. REGISTRAR'S SIGNATURE Ruth Long		26. REGISTRAR'S SIGNATURE	

USE BLACK INK OR TYPEWRITER RIBBON

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 Roman W. Tolson

Licensed Embalmer No. 4889

P. O. Address Lathrop, 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.

DR HAROLD W. VONA
PLAZA Med Bldg.
VA 1-3243