

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **517**

FILED FEB 1 1954

BIRTH NO. _____		REG. DIST. NO. <u>57</u>		PRIMARY REG. DIST. NO. <u>4081</u>		Registrar's No. <u>4</u>	
1. PLACE OF DEATH a. COUNTY <u>Carroll</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Bosworth</u> c. LENGTH OF STAY (in this place) <u>88 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u> c. CITY OR TOWN <u>Bosworth</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>0176</u>			
3. NAME OF DECEASED (Type or Print) <u>CORNELIA</u>		a. (First) <u>BELLE</u>		b. (Middle) <u>WINFREY</u>		c. (Last)	
4. DATE OF DEATH <u>Jan. 25 - 1954</u>		5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>Mar. 14 - 1865</u>		9. AGE (In years last birthday) <u>88</u>		10. IF UNDER 1 YEAR: Months <u>10</u> Days <u>11</u>		11. IF UNDER 24 HRS. Hours <u>11</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Carroll County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>John Jenkins</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Lock</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Martha Wiley</u> ADDRESS <u>Bosworth, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken left hip</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Infirmities of old age</u> E9040 21				INTERVAL BETWEEN ONSET AND DEATH <u>6 wks</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Bosworth, Carroll Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-3-53</u> m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell in home</u>					
22. I hereby certify that I attended the deceased from <u>Mar 3</u> , 19 <u>53</u> to <u>Jan 25</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Jan 25</u> , 19 <u>54</u> , and that death occurred at <u>8:20 P. m.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>J. Hamilton</u>		23b. ADDRESS <u>Carroll County, Mo.</u>		23c. DATE SIGNED <u>Jan 27</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Jan. 28-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wharton</u>		24d. LOCATION (City, town, or county) (State) <u>Bosworth, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Jan 28-1954</u>		REGISTRAR'S SIGNATURE <u>Pearl Koch</u> <u>47-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leland & Edwards</u> ADDRESS <u>Bosworth Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *David J. Edwards*.....

Licensed Embalmer No. *224*.....

P. O. Address *Barnstable*.....

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.