S. No. 2
I—1/47-
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35177

FILED NOV 5 1947

Registration District No. 254

Primary Registration District No. 6289

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Oregon
(b) City or town Couch Oak Grove Twsp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 42 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Oregon 75
(c) City or town Couch 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Nancy Ellen Corbin
3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Thomas F. Corbin
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Feb. (Month) 25 (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
77	5	12	hr. min.

9. Birthplace Oregon County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name William F. Frey
13. Birthplace (City, town, or county) Kansas (State or foreign country)
MOTHER
14. Maiden name Angeline Braswell
15. Birthplace (City, town, or county) Tennessee (State or foreign country)
16. (a) Informant Blanche Barton
(b) Address Alton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/9/47 (Month) (Day) (Year)
(c) Place: burial or cremation New Salem Cem.
18. (a) Signature of funeral director Leland Carter
(b) Address Thayer, Mo.
19. (a) 10-21-47 (Date received local registrar) (b) Edith Cerass (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 7
year 1947 hour 7 minute 00 P. M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Hyp. cardiac	
Arthur Schwartz	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 2
23. Signature Leo Carr (M.D. or other)
Address Thayer Mo. Date signed Aug 8 47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 104763
Date Filed 10.30.47

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 ..... Registered Apprentice No. ....., working under my personal supervision.

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

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 this body is not embalmed, fact should be so stated above.