

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26591**

FILED AUG 31 1949

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 41 98 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Lentz</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Lentz</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>King City</u>	c. LENGTH OF STAY (In this place) <u>18 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>King City, Mo.</u>	d. STREET ADDRESS (If rural, give location) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Elias H.</u>	b. (Middle) <u>Corbin</u>	c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 17 1949</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 2 1856</u>	9. AGE (In years) (last birthday) <u>92</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 WKS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Merchant</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Janesville Ohio</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Washington Corbin</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Ashbrook</u>	14. NAME OF HUSBAND OR WIFE <u>Ernestine Corbin</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Lura M. Vay</u> ADDRESS <u>King City, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2</u> years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Degeneration</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>331X</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 8-17-49, to 8-17-49, that I last saw the deceased alive on 8-17-49 and that death occurred at 16 P.M. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>	23b. ADDRESS <u>King City</u>	23c. DATE SIGNED <u>8-18-49</u>
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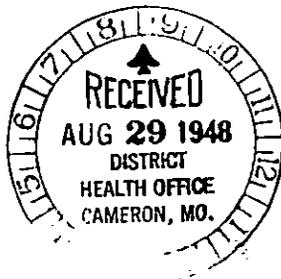
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 21, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Star Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>8 mi. Northwest King City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 19, 1949</u>	REGISTRAR'S SIGNATURE <u>Mrs Edith Childs</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Lucile M. Wilson</u> ADDRESS <u>King City, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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NOV 1958



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.

Signed _____

Lucile M. Wilson

Signed _____

Student Embalmer

Licensed Embalmer No. 2830

P. O. Address _____

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