

FILED JUN 23 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20088**

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u> Registrar's No. <u>602</u>	
1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene <u>0376</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield <u>0</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1931 N. Benton			d. STREET ADDRESS (If rural, give location) 1931 N. Benton		
3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR		b. (Middle) L.	c. (Last) CORBIN	4. DATE OF DEATH (Month) (Day) (Year) June 18 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 28 Aug. 1897	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months Days IF UNDER 1 MIN. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinest		10b. KIND OF BUSINESS OR INDUSTRY Machinery	11. BIRTHPLACE (City and State or Foreign Country) Missouri <u>0</u>		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Lee Corbin		13b. MOTHER'S MAIDEN NAME Ethel Johnson	14. NAME OF HUSBAND OR WIFE Maudie Corbin		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Maudie Corbin Springfield, Mo.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardio Vascular Disease ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			INTERVAL BETWEEN ONSET AND DEATH Unk.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)		
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?		
22. I hereby certify that I attended the deceased from <u>OCT. 21, 1951</u> to <u>June 18, 1952</u> , that I last saw the deceased alive on <u>June 17, 1952</u> and that death occurred at <u>9:15P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <i>Walter B. Johnson MD</i>			23b. ADDRESS Springfield, Missouri		23c. DATE SIGNED 6-19-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE JUNE 22, 1952	24c. NAME OF CEMETERY OR CREMATORY Bellevue Cemetery	24d. LOCATION (City, town, or county) (State) Greene Co. Missouri		
DATE REC'D BY LOCAL REG. 6-19-52		REGISTRAR'S SIGNATURE <i>Edith Williams Registrar</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.W. Klingner & Co. Springfield, Mo.	

0396

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

Johnson

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

Student Embalmer

Signed

Licensed Embalmer No. 4071

P. O. Address Springfield

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.