

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 34078

34078

FILED NOV 3 1952

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 366

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Adair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkville	
c. LENGTH OF STAY (In this place) 30 Yrs		d. STREET ADDRESS (If rural, give location) Kirkville-1008 E. 200	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home 1008 E. 111. St.			
3. NAME OF DECEASED (Type or Print) a. (First) William D. b. (Middle) Corbin c. (Last) Corbin			4. DATE OF DEATH (Month) (Day) (Year) Oct. 25, 1952
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 5, 1870
9. AGE (In years last birthday) 82		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Sullivan Co., Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Real Estate		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John L. Corbin		13b. MOTHER'S MAIDEN NAME Sarah Baldridge	
14. NAME OF HUSBAND OR WIFE Mrs. W. D. Corbin			
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. unk	
17. INFORMANT'S SIGNATURE OR NAME Mrs. W. D. Corbin		ADDRESS Kirkville, Mo.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure - dilation ANTECEDENT CAUSES DUE TO (b) Cardio-vascular-renal disease DUE TO (c) Nephritis - glomerul. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostatic obstruction, Supra Pubic Prostatectomy	
INTERVAL BETWEEN ONSET AND DEATH Acute.		20 years.	
25 years.		40 days.	
30 days.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442X	
20. AUTOPSY? YES <input 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) (Min.)		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 June 20, 1945 , to October 25, 1952 , that I last saw the deceased alive on October 25, 1952 , and that death occurred at 9:45 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Howard E. Gross, D.O.		23b. ADDRESS Kirkville, Mo.	
23c. DATE SIGNED 10-27-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 28, 52	
24c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery		24d. LOCATION (City, town, or county) (State) Kirkville, Mo.	
DATE REC'D BY LOCAL REG. 10-28-52		REGISTRAR'S SIGNATURE Kate Lambert	
GENERAL DIRECTOR'S SIGNATURE Randolph Lewis		ADDRESS Kirkville	

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
Student Embalmer

Signed

Donald Roberts

Licensed Embalmer No. *4722*

P. O. Address *Pinckville 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.