

FILED DEC 17 1952

STANDARD CERTIFICATE OF DEATH

4320 State File No. 576t Registrar's No. 53

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 576t

640
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Palmira</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New London 0570</u>	
c. LENGTH OF STAY (in this place) <u>3 wks</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Maple Lawn Rest Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>HERBERT</u> b. (Middle) <u>JAMES</u> c. (Last) <u>CORWINE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 28 1952</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept. 25-1876</u>	9. AGE (In years last birthday) <u>76</u>	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 MIN. Hours	13. UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired minister</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Frankford Mo 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>John Brooks Corwine</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie M Hoode</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Corwine</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) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Arlie Lake New London Mo -</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <u>8 Mo.</u>	
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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Carcinoma of neck (right side) & Throat</u>							
		ANTECEDENT CAUSES DUE TO (b) <u>unknown</u>							
		DUE TO (c) <u>unknown</u>							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None known</u>							

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u>		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 Aug. 15, 1952, to Oct. 31, 1952, that I last saw the deceased alive on Oct. 31, 1952, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. H. Brooks Jr.</u> (Degree or title) <u>Dr.</u>		23b. ADDRESS <u>Center, Mo</u>		23c. DATE SIGNED <u>11-29-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 1, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Barkley Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>New London Mo</u>	
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DATE REC'D BY LOCAL REG. <u>12/3/52</u>		REGISTRAR'S SIGNATURE <u>B. Vista Lee, Dep.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fields & Son Frankford Mo</u>			
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RECEIVED DEC 15 1952
MARION CO. HEALTH DEPT.
DATE FILED DEC 15 1952

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 Jane Fields Meyerson

Licensed Embalmer No. 04092

P. O. Address Fruitport 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.