

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

0030
P

FILED FEB 9 1954

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fairfax</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fairfax</u>	
c. LENGTH OF STAY (In this place) <u>17 days</u>		d. STREET ADDRESS (If rural, give location) <u>0030</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fairfax Comm Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>BESSIE</u> a. (First) <u>MAY</u> b. (Middle) <u>CORBIN</u> c. (Last)			4. DATE OF DEATH <u>Feb. 1 1954</u> (Month) (Day) (Year)		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>May 11, 1898</u>		9. AGE (In years last birthday) <u>55</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (State or foreign country) <u>Howell Co., Missouri</u>	

13a. FATHER'S NAME <u>Archie M. Black</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie B. Clark</u>		14. NAME OF HUSBAND OR WIFE <u>Bentley Corbin</u>	
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lewis Vaught Fairfax Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Breast with METASTASIS</u>		ANTECEDENT CAUSES			<u>1 yr</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.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
DUE TO (b) _____		DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>170X</u>	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 DEC. 15, 1953 to FEB. 1, 1954, that I last saw the deceased alive on FEB. 1, 1954, and that death occurred at 11:10am., from the causes and on the date stated above.

23a. SIGNATURE <u>James L. Coffey</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Fairfax, Mo.</u>		23c. DATE SIGNED <u>2/2/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 3, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walkups Grove</u>	
24d. LOCATION (City, town, or county) (State) <u>Fairfax Mo.</u>					

DATE REC'D BY LOCAL REG. <u>Feb 2, 1954</u>		REGISTRAR'S SIGNATURE <u>Herwin J. Schuler</u> <u>443</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schooler Funeral Home Fairfax Mo.</u>	
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WRITE PLAINLY—USING UNFADEING 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 _____

working under my personal supervision.

Student Embalmer No.

Signed Merwin H. Schuler

Signed.....
Student Embalmer

Licensed Embalmer No. 4162

P. O. Address Fairfax, Va.

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.