

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

35034

State File No.

No. 300
10-48

FILED OCT 27 1954

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 6063 Registrar's No. 52

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>St. Clair</u>		a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN <u>Rural Iconium Jackson Mo</u>		c. CITY OR TOWN <u>Jackson Rural Iconium</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Harper Township</u>		e. STREET ADDRESS (If rural, give location) <u>Harper Township 6920</u>	

3. NAME OF DECEASED			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Myrtle</u>	b. (Middle) <u>Vicenda</u>	c. (Last) <u>Corbin</u>	<u>Oct: 12, 1954</u>		
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>Oct: 1, 1893</u>		9. AGE (In years last birthday) <u>61</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Clair County Missouri</u>	
13a. FATHER'S NAME <u>Joseph C. Rippetoe</u>			13b. MOTHER'S MAIDEN NAME <u>Julia A. Copenhaver</u>		14. NAME OF HUSBAND OR WIFE <u>Clyde Corbin</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Clyde Corbin, Osceola Missouri</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>Uremia</u>		II. OTHER SIGNIFICANT CONDITIONS <u>recurrent throat infections</u>			<u>19 hrs.</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <u>acute diffuse glomerulo-nephritis</u>			<u>4 days</u>
		DUE TO (b) <u>left ureteral calculus</u>			<u>10 yrs.</u>
		DUE TO (c) <u>recurrent throat infections</u>			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		<u>604 X</u>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		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 Oct. 8, 1954, to Oct. 12, 1954, that I last saw the deceased alive on Oct. 11, 1954, and that death occurred at 12:05 AM from the causes and on the date stated above.

23a. SIGNATURE <u>G. Edwards</u> (Degree or title)		23b. ADDRESS <u>Iconium, Mo.</u>		23c. DATE SIGNED <u>10-14-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-14-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Iconium</u>	
24d. LOCATION (City, town, or county) (State) <u>Iconium Cemetery</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. ...</u> ADDRESS <u>Osceola, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>10-14-54</u>		REGISTRAR'S SIGNATURE <u>Ruth Seewers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. ...</u> ADDRESS <u>Osceola, Mo.</u>	

WRITE PLAINLY—USING UNFAADING 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.....
Signature of Student Embalmer

Signed *J. B. Goodrich*.....

Licensed Embalmer No. *303*

P. O. Address *Oscoda*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.