

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

**593**

FILED JAN 31 1956

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>59</u>	PRIMARY REG. DIST. NO. <u>6227</u>	Registrar's No. <u>17</u>
1. PLACE OF DEATH a. COUNTY <u>Cass.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Cass.</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisonville, Missouri.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Drexel, Mo.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pleasant View Rest Home.</u>		d. STREET ADDRESS (If rural, give location) <u>No street numbers.</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARIE</u>		b. (Middle) _____		c. (Last) <u>CORBIN.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 24, 1956.</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single.</u>		8. DATE OF BIRTH <u>Mar. 13, 1869</u>	9. AGE (In years last birthday) <u>86</u>	10. UNDER 1 YEAR Months <u>10</u> Days <u>11</u>	11. UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Household Duties</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Clay County, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

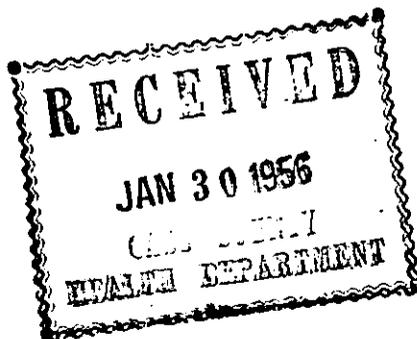
13a. FATHER'S NAME <u>Lewis S. Corbin.</u>		13b. MOTHER'S MAIDEN NAME <u>Mollie DuPois.</u>		14. NAME OF HUSBAND OR WIFE <u>Never married.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Louise Corbin, Drexel, Mo.</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		INTERVAL BETWEEN ONSET AND DEATH <u>1 WEEK</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE PNEUMONOPHRYTIS</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>GENERALIZED ARTERIO-SCLEROSIS</u>		5 YEARS	

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>590X</u>	
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? <u>590X</u>	

22. I hereby certify that I attended the deceased from December, 1955, to Jan. 24, 1956, that I last saw the deceased alive on Jan. 24, 1956, and that death occurred at 8:00P m., from the causes and on the date stated above.

23a. SIGNATURE <u>V.C. Moody</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Harrisonville, Missouri.</u>		23c. DATE SIGNED <u>1/27/56.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/27/56.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sharon Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Drexel Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Drexel Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-27-56</u>		REGISTRAR'S SIGNATURE <u>Dora Barward</u> <u>457-0</u>		1956	



**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

A handwritten signature in dark ink, appearing to read "J. A. Davis". The signature is written over a horizontal line.

Licensed Embalmer No. 1950

P. O. Address Oxford - Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.