

FILED APR 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15232**

BIRTH NO. _____		REG. DIST. NO. 336		PRIMARY REG. DIST. NO. 6131		Registrar's No. 365		
1. PLACE OF DEATH a. COUNTY SHANNON				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE Mo. b. COUNTY SHANNON				
b. CITY OR TOWN TERESITA		c. LENGTH OF STAY (to this place) 42 yrs		c. CITY OR TOWN TERESITA		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 _____				e. STREET ADDRESS (If rural, give location) 101st				
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) McKENZIE c. (Last) CORBETT			4. DATE OF DEATH (Month) (Day) (Year) April 2-1956					
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Oct. 30-1883		
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months 3 Days 3		IF UNDER 24 HRS. Hours Min. 				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Bartlett Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME J.B. BUNTON CORBETT			13b. MOTHER'S MAIDEN NAME MARtha CRATER			14. NAME OF HUSBAND OR WIFE Maggie Mae CORBETT		
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. _____		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis ANTECEDENT CAUSES 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.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 4201	
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) _____ m. _____		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 9/2 , 19 56 to 6/2 , 19 56 that I last saw the deceased alive on 6/2 , 19 56 , and that death occurred at 6:30 P. m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Stanley Barrum D.O.				23b. ADDRESS Mountain View Mo		23c. DATE SIGNED 4-17-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-16-56		24c. NAME OF CEMETERY OR CREMATORY Chapel Hill		24d. LOCATION (City, town, or county) (State) Mtn. View Mo.		
DATE REC'D BY LOCAL REG. Apr 23 56		REGISTRAR'S SIGNATURE Mabel Roelen			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DUNCAN'S Mtn. View, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Joe P. Duncan*.....
Licensed Embalmer No. *432*.....

P. O. Address *Mt. View*.....

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.