No. 300
10.48

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

FILED NOV 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35391

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9213

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis Mo
c. LENGTH OF STAY (In this place) 24 hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mo Pacific Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Ill.
b. COUNTY Jerseyville
c. CITY OR TOWN Jerseyville
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐ 0
STREET ADDRESS (If rural, give location) Jerseyville Ill. 178

3. NAME OF DECEASED (Type or Print)
a. (First) James b. (Middle) Baker c. (Last) Corbin

4. DATE OF DEATH (Month) (Day) (Year) 10-8-56

5. SEX M **6. COLOR OR RACE** W. **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married **8. DATE OF BIRTH** July 16 1877 **9. AGE** (In years last birthday) 79 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) Conductor
10b. KIND OF BUSINESS OR INDUSTRY Conductor
11. BIRTHPLACE (City and State or Foreign Country) UNKNOWN
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME LUCIUS CORBIN
13b. MOTHER'S MAIDEN NAME ANNA LEATON
14. NAME OF HUSBAND OR WIFE ANNA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes. (If yes, give war or dates of service) Spanish Vet
16. SOCIAL SECURITY NO. 702-16-5085
17. INFORMANT'S SIGNATURE OR NAME Anna Corbin **ADDRESS** Jerseyville Ill

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Undifferentiated Carcinoma of the Bronchus.

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. Mediastinal Metastasis.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 163X
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sep. 14, 1956, *to* Oct 8, 1956 *that I last saw the deceased alive on* Oct 8, 1956, *and that death occurred at* 6:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE Benjamin H. Charles (Degree or title) M.D.
23b. ADDRESS Mo. Pac. Hospital - St. Louis
23c. DATE SIGNED Oct 9, 1956

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 10-11-56
24c. NAME OF CEMETERY OR CREMATORY Godfrey
24d. LOCATION (City, town, or county) Godfrey (State) Ill.

DATE REC'D BY LOCAL REG. OCT 9 1956
REGISTRAR'S SIGNATURE Karl Smith M.D.
24e. FUNERAL DIRECTOR'S SIGNATURE Ralph A. Gent **ADDRESS** Alton Ill.
MSB
(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Albert Mayfield

Licensed Embalmer No. 307

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.