

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12038

STATE FILE NUMBER

FILED APR 23 1957

Registration District No. 15 Primary Registration District No. 5069 Registrar's No. 39

Health & Welfare  
Public Service

S. 300  
1-56

securing the medical certification in the specific manner required by 193.140 MoKS 1949.  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>BARTON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>BARTON</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lamar Twp.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>00600</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Irwin RI</b>			Length of stay in lb <b>50 yrs.</b>		d. STREET ADDRESS (If outside, give location) <b>IRWIN NO. ORR I</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>OLLIE</b> Middle <b>FORREST</b> Last <b>KORB</b>				4. DATE OF DEATH Month <b>APRIL</b> Day <b>12</b> Year <b>1957</b>				
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>DEC 18, 1888</b>		9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>24</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>GRAIN FARM</b>		11. BIRTHPLACE (City and state or country) <b>MOONVILLE MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>WILLIAM GRANT KORB</b>				14. MOTHER'S MAIDEN NAME <b>ELLITANE COCHRANE</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.		17. INFORMANT <b>Mrs Ollie Rank RR IRWIN MO</b> Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Spinal Fracture</b>							INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a), _____							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>Car accident</b>					
20c. TIME OF INJURY Hour <b>2 A</b> Month <b>April</b> Day <b>12</b> Year <b>57</b>								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>25 Main North of State 16 or 11 S</b>		20f. CITY, TOWN, OR LOCATION <b>006 Barton MO</b>		COUNTY <b>Barton</b> STATE <b>MO</b>		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>Clarence D. Child</b> (Degree or title) <b>Coroner</b>				22b. ADDRESS <b>Lamar</b>		22c. DATE SIGNED <b>April 12 1957</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>April 15 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>SHELDON CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>VERNON CO MO.</b>			
24. FUNERAL DIRECTOR <b>BEEHY FUNERAL HOME</b> ADDRESS <b>SHELDON, MO.</b>				25. DATE RECD. BY LOCAL REG. <b>APR 15 1957</b>		26. REGISTRAR'S SIGNATURE <b>Marie Konantz</b>		

MAY 13 1957

MAY 8 1957

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 *L. Bernard Perry*

Licensed Embalmer No. *416*

P. O. Address *Sheldon*

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.