

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 0 2 1 0 0 9
STATE FILE NUMBER
2639

FILED JUN 19 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2639

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| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1107 Woodland | | Length of stay in lb 44 yrs. | d. STREET ADDRESS (If outside, give location) 1107 Woodland Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED First HOWARD Middle CORBIN Last CORBIN | | | 4. DATE OF DEATH Month May Day 31 Year 1957 |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH October 26, 1901 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor | | 10b. KIND OF BUSINESS OR INDUSTRY None | 9. AGE (In years last birthday) 55 yrs. IF UNDER 1 YEAR Months Days Hours Min. |
| 11. BIRTHPLACE (City and state or country) Venita, Oklahoma | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Samuel Corbin | | 13b. MOTHER'S MAIDEN NAME Pauthine Brookins | |
| 14. NAME OF HUSBAND OR WIFE Della Corbin | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI | |
| 16. SOCIAL SECURITY NO. 496-03-9017 | | 17. INFORMANT Address Della Corbin, wife 1107 Woodland apt. 25 | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cardiosclerosis DUE TO (c) Arteriosclerosis | | | INTERVAL BETWEEN ONSET AND DEATH 4221 |
| 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 checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT <input 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.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from _____, to _____, and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Deputy Coroner | | 22b. ADDRESS 1618 Lydia Ave | |
| 22c. DATE SIGNED 6/4/57 | | 23. NAME OF CEMETERY OR CREMATORY National Cemetery | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 6-6-57 | |
| 23c. LOCATION (City, town, or county) (State) Leavenworth, Kansas | | 24. FUNERAL DIRECTOR ADDRESS WATKINS BROS. F.N. HM. 18th & Benton | |
| 25. DATE RECD. BY LOCAL REG. 6-5-57 | | 26. REGISTRAR'S SIGNATURE Neval Minshel | |

L.M. Tillman USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *Bruce B. Walker*

Licensed Embalmer No. *452*
P.O. Address *18th & Benton*

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.