

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
 Hugh H. Owens

FILED OCT 24 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35740

STATE FILE NUMBER

4635

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>714 E 9th</u>			Length of stay in lb <u>unk.</u>	d. STREET ADDRESS (If outside, give location) <u>714 E 9th</u>	
3. NAME OF DECEASED (Type or print) First <u>ALVIE</u> Middle <u>C</u> Last <u>CORBIN</u>			4. DATE OF DEATH Month <u>10</u> Day <u>7</u> Year <u>57</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> <u>unk.</u> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Apr 20</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR: Month _____ Day _____ Hours _____ Min _____ IF UNDER 24 HRS. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>		100. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and state or country) <u>Osceola, Mo U.S.</u>	
12. FATHER'S NAME <u>John Corbin</u>			14. MOTHER'S MAIDEN NAME <u>Fannie J Disney</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT <u>Walter Corbin</u> Address <u>Country, Iowa</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u> 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) _____					INTERVAL BETWEEN ONSET AND DEATH <u>4200</u>
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. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION _____		COUNTY _____ STATE _____	
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 <u>Hugh H Owens Coroner</u> ³ (Degree or title)			22b. ADDRESS <u>1034 Park Bldg</u>		22c. DATE SIGNED <u>10-7-57</u>
23a. BURIAL CREMATION, REMOVAL (Specify) <u>Rem</u>	23b. DATE <u>10-7-57</u>	23c. NAME OF CEMETERY OR CREMATORY _____		23d. LOCATION (City, town, or county) (State) <u>Osceola Mo.</u>	
24. FUNERAL DIRECTOR <u>Sebbets Funeral Home</u> ADDRESS <u>11 C. Mo</u>			DATE RECD. BY LOCAL REG. <u>10-7-57</u>		25. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>



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, ~~only~~, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Ferret D. Coldsnow*

Licensed Embalmer No. *171*

P. O. Address *K.C. Mo.*

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