

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008472
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 269

FILED MAR 23 1959

| | | | |
|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Joseph |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Meth. Hosp. | | Length of stay in 1b 74 years | d. STREET ADDRESS (If outside, give location) 2302 Goff |
| 3. NAME OF DECEASED (Type or print) First Middle Last LENORE COBITT FRANCE | | | 4. DATE OF DEATH Month Day Year March 11, 1959 |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH March 12, 1876 |
| 9. AGE (In years last birthday) 82 | 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) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY own home | 11. BIRTHPLACE (City and state or country) Agency, Missouri |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | |
| 13a. FATHER'S NAME John Baker Corbitt | | 13b. MOTHER'S MAIDEN NAME Emma Coates | 14. NAME OF HUSBAND OR WIFE Robert |
| 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. none | 17. INFORMANT Address Sarah C. France, 2302 Goff, St. Joseph, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion DUE TO (b) Atherosclerotic Heart Disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH 24 hrs. |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus - cholecystitis & cholelithiasis 4200 | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) ITEM 13a, 15 CORRECTED BY AFFIDAVIT OF Informant, Registrar 4-23-59 | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | |
| 21. I attended the deceased from 3-16-55 to 3-11-59 and last saw her alive on 3-11-59 Death occurred at 2:50 p.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Irwin Rosenthal M.D. | | 22b. ADDRESS St. Joseph Mo | 22c. DATE SIGNED 3-12-59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE 3/13/1959 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Mora Cemetery | 23d. LOCATION (City, town, or county) (State) St. Joseph Mo. |
| 24. FUNERAL DIRECTOR Heaton-Bocoman, St. Joseph, No. | | 25. RECEIVED BY LOCAL REG. May 16, 1959 | 26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell |

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

Dr. Irwin Rosenthal
MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Eugene Wood*

Licensed Embalmer No. *3904*

P. O. Address *317 5th St. Joplin*

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.