Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008632
STATE FILE NUMBER

FILED MAR 24 1959 Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 99

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Cape Girardeau — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Francis Hosp. — Length of stay in 1b: 12hrs. 12 min.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cape Girardeau
c. CITY OR TOWN: Jackson — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rt. # 3 Box # 47 — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Christopher Middle: Mark Last: Corbin

4. DATE OF DEATH Month Day Year: February 20, 1959

5. SEX: Male **6. COLOR OR RACE:** White **7. MARRIED** ☐ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Feb. 20, 1959

9. AGE (In years last birthday): IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours 12 Min. 12

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT
10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (City and state or country): Cape Girardeau, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME: Claude Corbin
13b. MOTHER'S MAIDEN NAME: Ruby V. Corbin
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service): ———
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Claude Corbin Address: Jackson, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Atelectasis of Lungs, Bilateral — INTERVAL BETWEEN ONSET AND DEATH: 12 hours 12 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) probable Hyaline Membrane Disease, pulmonary
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 7620

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
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 ☐ NOT WHILE AT WORK ☐
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 Feb. 20, 1959 to Feb. 20, 1959 and last saw ~~her~~ him alive on 9:00 PM, 2/20/59
Death occurred at 10 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Israel M. Hoxworth, M.D.
22b. ADDRESS: 24 N. Spring Cape Girardeau, Mo.
22c. DATE SIGNED: 2/21/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Feb. 21, 1959
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park
23d. LOCATION (City, town, or county) (State): Cape Girardeau, Mo.

24. FUNERAL DIRECTOR: Ford & Sons **ADDRESS:** Cape Girardeau, Mo.
25. DATE RECD. BY LOCAL REG.: 3-21-59
26. REGISTRAR'S SIGNATURE: Irene Kaster

(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 embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

BABY NOT ARTERIALLY EMBALMED

Student .....
Signature of Student Embalmer

Signed ..... W. J. Ford .....

Licensed Embalmer No. 5057 .....

P. O. Address Cape Huaiti, Me

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.