

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-005834**

**FILED VS FEB 23 1960**

Registration District No. 122 Primary Registration District No. 2000 Registrar's No. 161A

STATE FILE NUMBER

ENDED

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Greene</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u> c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <u>Burge Hospital</u>			Length of stay in 1b <u>D.O.A.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> c. CITY OR TOWN <u>Willard</u> d. STREET ADDRESS (If outside, give location) <u>1 mile N.E.</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or print) First <u>ITILLA</u> Middle <u>RUTH</u> Last <u>CORBIN</u>				<b>4. DATE OF DEATH</b> Month <u>February</u> Day <u>6</u> Year <u>1960</u>					
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>1-29-1887</u>	<b>9. AGE</b> (last birthday) <u>73</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Ash Grove - Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>		
<b>13a. FATHER'S NAME</b> <u>Henry Clay Binkley</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>Hannah Bristol</u>			<b>14. NAME OF HUSBAND OR WIFE</b> <u>Oliver C. Corbin</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>			<b>16. SOCIAL SECURITY NO.</b> <u>286-44-3986</u>		<b>17. INFORMANT</b> <u>Richard Corbin - RR6 - Springfield - Mo.</u>				
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Occlusion</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)						
<b>20c. TIME OF INJURY</b> Hour _____ s.m. _____ p.m. _____	Month, Day, Year _____								
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b>		<b>STATE</b>	
<b>21. I attended the deceased from</b> <u>Feb 5/60</u> to <u>Feb 6/60</u> and last saw her <sup>him</sup> alive on <u>Feb 6/60</u> Death occurred at <u>7:02 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
<b>22a. SIGNATURE</b> (Degree or title) <u>W.D. Deibel M.D.</u>				<b>22b. ADDRESS</b> <u>Springfield Mo</u>			<b>22c. DATE SIGNED</b> <u>2/8/60</u>		
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>23b. DATE</b> <u>2-8-60</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Mt Pleasant Cemetery</u>		<b>23d. LOCATION</b> (City, town, or county) <u>Willard - Missouri</u>		(State)		
<b>24. FUNERAL DIRECTOR</b> <u>Bruni - Daniel - Walnut Grove - Mo.</u>			<b>ADDRESS</b>		<b>25. DATE RECD. BY LOCAL REG.</b> <u>2-15-60</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Effie S. Melton</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Raymond L. Sauer

Licensed Embalmer No. 4702

P. O. Address Oshe Brook - 7

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.