

# FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 7 1960

-60-037289

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 316

<b>1. PLACE OF DEATH</b> a. COUNTY <u>ADAIR</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KIRKSVILLE</u> Length of stay in 1b <u>2</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Grimm Smith</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>LEWIS</u> c. CITY OR TOWN <u>LABELLE</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
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<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <u>Donald Charles Corbin</u> <b>4. DATE OF DEATH</b> Month Day Year <u>Oct 27, 1960</u>			<b>5. SEX</b> <u>MALE</u> <b>6. COLOR OR RACE</b> <u>WHITE</u> <b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> <b>8. DATE OF BIRTH</b> <u>10/25/1900</u> <b>9. AGE (last birthday)</b> <u>60</u>		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and state or country) <u>KIRKSVILLE, Mo.</u> <b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>MONTE CORBIN</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>ETHEL CORBIN</u>		<b>14. NAME OF HUSBAND OR WIFE</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		<b>16. SOCIAL SECURITY NO.</b> <u>NO</u>		<b>17. INFORMANT</b> <u>ETHEL CORBIN LABELLE, Mo.</u> Address	

<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>Premature Infant (Smor)</u> DUE TO (b) <u>Placenta previa marginalis</u> DUE TO (c) <u>premature separation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>necessary to do hysterotomy because of placenta previa</u>		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
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<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <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>

**21. I attended the deceased from** Oct 25, 1960 to Oct 27, 1960 and last saw him alive on Oct 27, 1960  
 Death occurred at 2:50 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

<b>22a. SIGNATURE</b> (Degree or title) <u>Newton T. English, M.D.</u>		<b>22b. ADDRESS</b> <u>Kirkville, Mo.</u>		<b>22c. DATE SIGNED</b> <u>Oct 27, '60</u>	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	<b>23b. DATE</b> <u>10-28-1960</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Knox City Cemetery</u>		<b>23d. LOCATION (City, town, or county)</b> <u>Knox City, Mo.</u>	
<b>24. FLUNERAL DIRECTOR</b> <u>Glader J. Labelle, Mo.</u> ADDRESS		<b>25. DATE RECD. BY LOCAL REG.</b> <u>10-29-1960</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Doris W. Rathoff</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MILTON T. ENGLISH, M.D.

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 myself, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed J. Glaser Jr.

Licensed Embalmer No. 4328

P. O. Address Labelle,

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.