

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030903

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4278

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 4 1962

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Length of stay in 1b 3 days		d. STREET ADDRESS (If outside, give location) 6825 Elwyn Rd Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Baptist Memorial		Inside Limits No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Ja Ann Middle Denise Last Corbin			4. DATE OF DEATH Month 8 Day 17 Year 62		
5. SEX Fem	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/14/62	9. AGE (last birthday) Months 3 Days 3 Hours 0 Min. 0	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) no		10b. KIND OF BUSINESS OR INDUSTRY no		11. BIRTHPLACE (City and state or country) Kansas City, Mo	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Thurman Corbin		13b. MOTHER'S MAIDEN NAME Agnes Ann Novak	
14. NAME OF HUSBAND OR WIFE no		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. no	
17. INFORMANT Thurman Corbin, 6825 Elwyn Rd K C 29 Mo		Address			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Congenital heart disease due to		
DUE TO (b) Persistent Truncus Arteriosus Communis		
DUE TO (c) _____		
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

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Kansas City COUNTY Mo STATE Mo
21. I attended the deceased from 8/14/62 to 8/17/62 and last saw her/him alive on 8/16/62 Death occurred at 7:20 P m on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <i>Joseph Borenstine, M.D.</i>	22b. ADDRESS 751 E 63 St	22c. DATE SIGNED 8-17-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/20/62	23c. NAME OF CEMETERY OR CREMATORY Green Lawn
23d. LOCATION (City, town, or county) Kansas City, Mo.		

24. FUNERAL DIRECTOR Sheil Colonial Funeral Home 11924 E 47 K C Mo	25. DATE RECD. BY LOCAL REG. 8-20-62	26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>
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DATE AMENDED
INSTEAD OF
SHOULD READ
ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
DOCUMENT
BY AFFIDAVIT OF

Joseph Borenstine M.D.

USE BLACK INK OR TYPEWRITER RIBBON

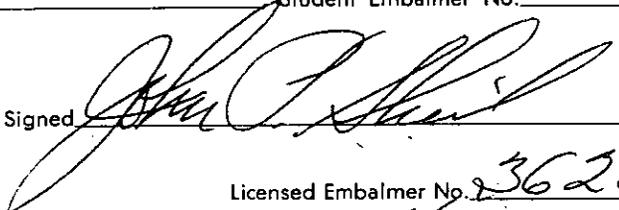
STATEMENT BY LICENSED EMBALMER

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  _____
Licensed Embalmer No. 3625

P. O. Address K.C. Mo

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.