

FILED JUN 3 1969

DEPARTMENT OF PUBLIC HEALTH AND WELFARE — MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

STATE FILE NUMBER

124

69 0019767

CERTIFICATE OF DEATH

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 701VS 300
Rev. 1/68

DECEASED—NAME			SEX			DATE OF DEATH (MONTH, DAY, YEAR)		
FIRST MIDDLE LAST			male			3 May 22, 1969		
1. Oliver J. CORBETT								
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH		
4. White		5a. 82	MOS. DAYS	HOURS MIN.	6. July 21, 1886	7a. Greene		
CITY, TOWN, OR LOCATION OF DEATH			INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				
7b. Springfield			7c. yes	7d. 907 East Loren				
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)			CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8 Iowa			9. U.S.A.		10. married		11. Irene (Evans) Corbett	
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)			KIND OF BUSINESS OR INDUSTRY		
12. 491-03-6510			13a. Artist			13b. Painter & Decorator		
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER		
14a. Missouri		14b. Greene	14c. Springfield		14d. yes	14e. 907 E. Loren		
FATHER—NAME			MOTHER—MAIDEN NAME					
FIRST MIDDLE LAST			FIRST MIDDLE LAST					
15. Isaiah J. Corbett			16. Mary Jane Bretts					
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
17a. Ed Corbett				17b. 1244 E. Walnut, Springfield, Mo.				
PART I. DEATH WAS CAUSED BY. (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE								
(a) <u>PRESUMED TO BE NATURAL CAUSES</u>								
DUE TO, OR AS A CONSEQUENCE OF:								
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST								
(b)								
DUE TO, OR AS A CONSEQUENCE OF:								
(c) <u>UNATTENDED BY A PHYSICIAN</u>								
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
						19a	19b	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)					
20a.	20b.	20c.	M. 20d.					
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION	(STREET OR R.F.D. NO., CITY OR TOWN, STATE)					
20e.	20f.	20g.						
CERTIFICATION—PHYSICIAN:	MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON	DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	DEATH OCCURRED AT THE PLACE, ON THE	DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.		
21a. ATTENDED THE DECEASED FROM	21b.	21c.	MONTH DAY YEAR	MONTH DAY YEAR	21d.	21e. M. TO THE CAUSE(S) STATED.		
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.			HOUR OF DEATH	THE DECEDENT WAS PRONOUNCED DEAD				
22a.			MONTH DAY YEAR	MONTH DAY YEAR				
CERTIFIER—NAME (TYPE OR PRINT)			SIGNATURE		DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)		
23a. F. T. H'Doubler, Jr., M.D.			<i>F. T. H'Doubler, Jr.</i>			23c. 5/27/69		
MAILING ADDRESS—CERTIFIER			STREET OR R.F.D. NO.		CITY OR TOWN	STATE		
23b. Greene County Health Dept.			Springfield, Mo.		65802			
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN STATE		
24a. Burial		24b. Hazelwood		24c. Springfield, Missouri				
DATE (MONTH, DAY, YEAR)			FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
24d. May 24, 1969			25a. Jewell E. Windle, 630 St. Louis, Springfield, Mo.					
FUNERAL DIRECTOR—SIGNATURE			REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR			
25b. <i>Bernard F. Wright</i>			25c. <i>Harold Medley</i>		25d. May 29, 1969			

DO NOT WRITE
ON THIS STUB

9. 0

10a. 82

10b.

11. 1

12. 1

13. 7963

14.

15. 9

16.

17. 5

19. CREDITS

20.

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

600.01

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 Bernard F. Wright

Licensed Embalmer No. 4293

P. O. Address Springfield, 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.