

AUG 19 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

26692

Do not use this space.

1. PLACE OF DEATH

(a) County St. Clair Registration District No. 1005
(b) Township Waverly Primary Registration District No. 6009 Registered No. _____
(c) City Vista (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth, yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fletcher Corbin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 18-1859
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 7 3
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house wife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

13. NAME Clemens Fairman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

15. MAIDEN NAME Catherine McGregor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

17. INFORMANT Mrs. Grace Durbin
(ADDRESS) Osceola Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Corbin Cem DATE 7-22 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Osceola Mo.

20. FILED July 22 1939 Mathie J Davis
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21 1939

22. I HEREBY CERTIFY that I attended deceased from July 1 1939, to July 21 1939
I last saw h. e. alive on July 14 1939. Death is said to have occurred on the date stated above, at 2 a. m.
The principal cause of death and related causes of importance were as follows:

arteria sclerosis

Date of onset

Other contributory causes of importance:

coronary artery
affected & probably
had heart blk.

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Paul Seavers, M. D.
(Address) Osceola Mo.

STATEMENT TO BE MADE BY THE EMBALMER
RELATIVE TO THE BODY
NUMBER NO. _____

RECEIVED
District Health Officer No. 7,
District File Number 7-29-1203
Date Filed 8-9-29

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 _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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 this body is not embalmed, above space should be left blank.