

FILED MAR 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11114**

91

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **39**

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Slater	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbon		d. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED a. (First) Nella b. (Middle) Mae c. (Last) Corkins		4. DATE OF DEATH (Month) (Day) (Year) Feb-15-1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8-22-1896
9. AGE (In years last birthday) 52		IF UNDER 1 YEAR Days 5 Hours 23	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) Louisiana MO
12. CITIZENRY OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME J.P. Griffin	
13b. MOTHER'S MAIDEN NAME Alice Thompson		14. NAME OF HUSBAND OR WIFE Carl F. Corkins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no If yes, give war or dates of service		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME Carl F. Corkins ADDRESS Slater Mo
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Infarct DUE TO (c) 4201	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Cholecystitis		INTERVAL BETWEEN ONSET AND DEATH 24 hrs. 48 hrs. ?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-26, 1947 , to 2-15, 1949 , that I last saw the deceased alive on 2-10, 1949 and that death occurred at 8:15 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE W. H. Robinson M.D. (Degree or title)		23b. ADDRESS Slater Mo.	23c. DATE SIGNED 2-15-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-17-49	24c. NAME OF CEMETERY OR CREMATORY Slater City Cemetery	24d. LOCATION (City, town, or county) (State) Slater Mo.
DATE REC'D BY LOCAL REG. Feb 17-1949	REGISTRAR'S SIGNATURE Sidney T. Gray	25. FUNERAL DIRECTOR'S SIGNATURE Nell Brothers	ADDRESS Slater Mo.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

3-23-49

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, Ray F. Hays Jr.

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

Ray F. Hays Jr.

Licensed Embalmer No. _____

4630

P. O. Address _____

State, 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 this body is not embalmed, fact should be so stated above.

SA. JES 2

embalmed by SA. JES