

FILED AUG 12-1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23349**  
Registrar's No. **3106**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (in this place) <u>life</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>North Kansas City</u> d. STREET ADDRESS (If rural, give location) <u>71 Hiway (N.K.C.)</u>	
3. NAME OF DECEASED a. (First) <u>Allen</u> b. (Middle) <u>Brady</u> c. (Last) <u>Corbin Jr.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 16 1949</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 3, 1929</u>
9. AGE (In years last birthday) <u>20</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>F. S. Corbin</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>M.S.A.</u>			
13a. FATHER'S NAME <u>Allen Brady Corbin</u>		13b. MOTHER'S MAIDEN NAME <u>Lillian Young</u>	14. NAME OF HUSBAND OR WIFE <u>Marjean McMillum Corbin</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>480-26-8965</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lealand Rose Hi 71 N. K. C. Mo.</u>
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull fracture</u> ANTECEDENT CAUSES <u>Motor cycle Trauma</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E 8154</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION: <u>Resputy Coroner</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Kansas City Jackson, Mo. 113</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7 13 49</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Car &amp; motorcycle accident</u>
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>A. E. Usher M.D.</u> (Degree or title)		23b. ADDRESS <u>2800 main</u>	23c. DATE SIGNED <u>7/18/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 18, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>7-18-49</u>		REGISTRAR'S SIGNATURE <u>Heraldine Holmes</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE &amp; MCCLURE UND. CO.</u>		ADDRESS <u>Kansas City, Mo.</u>	

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

**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.....

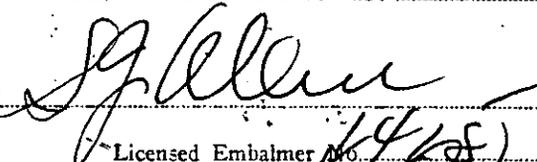
Student Embalmer No. ....

working under my personal supervision.

Student .....

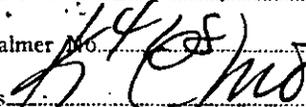
Student Embalmer

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, fact should be so stated above.