

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1088**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **115**

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>30yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>1200 West 39th St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1200 West 39th St.</b>		3468	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Will</b> b. (Middle) <b>Frain</b> c. (Last) <b>Corbin</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 6-1950</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <b>married</b>	8. DATE OF BIRTH <b>April 10-1867</b>
9. AGE (In years last birthday) <b>82</b>		IF UNDER 1 YEAR Months Days	IF UNDER 11 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Real Estate @ Builder</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Builder</b>	
11. BIRTHPLACE (State or foreign country) <b>Clinton, Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Judson S. Corbin</b>		13b. MOTHER'S MAIDEN NAME <b>Thetta Frain</b>	
14. NAME OF HUSBAND OR WIFE <b>Mrs. Katherine H. Corbin</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	
16. SOCIAL SECURITY NO. <b>490-16-6729</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Katherine H. Corbin-1200 W.39</b>	
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) <b>Coronary Thrombosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary Sclerosis 6 yrs</b> DUE TO (c) <b>Dementia - 16 yrs</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>myocardial Infarct - 3 yrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 <b>1945 to 1-6</b> , 19 <b>50</b> , 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 <b>Don Carlos Peete</b>		23b. ADDRESS <b>1500 Prof. Bldg</b>	
23c. DATE SIGNED <b>1-10-50</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>1-9-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill Cem.</b>	
24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>		DATE REC'D BY LOCAL REG. <b>1-10-50</b>	
REGISTRAR'S SIGNATURE <b>Stearline Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Gates Funeral Home - Kansas City, Kans.</b>	

Mr. Peete  
Prof. Blay,  
V11145  
1:30-5

1500

**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 \_\_\_\_\_

*Jimmy S. Hubshorn*

Licensed Embalmer No. 4092

P. O. Address Missis, Kan

**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.