

FILED SEP 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **30349**
3747

| | | | | | | | | | | | |
|---|----------------------------------|--|--|---|---|--|--|------------------------|-----------------------------------|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | | | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | c. LENGTH OF STAY (in this place) <u>55 yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | d. STREET ADDRESS (If rural, give location) <u>1303 Wabash</u> | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u> | | | | d. STREET ADDRESS (If rural, give location) <u>1303 Wabash</u> | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>George</u> | b. (Middle) <u>W.</u> | c. (Last) <u>Corban</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>9 1 50</u> | | | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> | | 8. DATE OF BIRTH <u>July 8, 1875</u> | | 9. AGE (In years last birthday) <u>75</u> | # UNDER 1 YEAR Months | # UNDER 1 YEAR Days | # UNDER 1 YEAR Hours | # UNDER 1 YEAR Min. | |
| 10a. USUAL OCCUPATION (Give kind of work not during most of working life, even if retired) <u>Retired farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | | 11. BIRTHPLACE (State or foreign country) <u>Rushville, Illinois</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | | |
| 13a. FATHER'S NAME <u>James H. Corban</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Virginia New</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Maudie Corban</u> | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>M. E. Crete Corban</u> | | | | | | | ADDRESS <u>RD #3 Independence, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Prostate with Metastasis</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | | | ANTECEDENT CAUSES Morbid 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>17th</u> | |
| 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) (Min.) | | 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 <u>Aug. 23, 1950</u> , to <u>Sept. 1, 1950</u> , that I last saw the deceased alive on <u>Sept. 1, 1950</u> , and that death occurred at <u>6:55 P. M.</u> , from the causes and on the date stated above. | | | | | | | | | | | |
| 23a. SIGNATURE <u>B. I. Burns</u> | | | | (Degree or title) | | | 23b. ADDRESS <u>24th & Cherry</u> | | 23c. DATE SIGNED <u>9-2-50</u> | | |
| 24a. BURIAL CREMATION (REMOVAL) (Specify) | | 24b. DATE <u>Sept 5, 1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Salem Cemetery</u> | | | 24d. LOCATION (City, town, or county) (State) <u>Jackson County, Missouri</u> | | | | |
| DATE REC'D BY LOCAL REG. <u>9-4-50</u> | | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u> | | | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. G. Larson, Independence, Mo.</u> | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 _____

working under my personal supervision.

Student Embalmer No.

Signed

R. A. Lisle

Signed.....

Student Embalmer

Licensed Embalmer No. *4123*

P. O. Address

Independence, 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.