

FILED DEC 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37337

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 452

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, write RURAL and give township) Independence			c. LENGTH OF STAY (in this place) 60 yrs	c. CITY (If outside corporate limits, write RURAL and give township) Independence 0424			d. STREET ADDRESS (If rural, give location) 2703 Englewood Terrace		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2703 Englewood Terrace									
3. NAME OF DECEASED (Type or Print) CATHERINE			a. (First) M.	b. (Middle) CORWIN		c. (Last)			
4. DATE OF DEATH Nov. 21, 1950		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single			
8. DATE OF BIRTH Nov 21 1950		9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Manager J.O. Young Adv. Agcy.		11. BIRTHPLACE (State or foreign country) Illinois			
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Elmore H Corwin		13b. MOTHER'S MAIDEN NAME Bernice Covkendall		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 186-03-1860		17. INFORMANT'S SIGNATURE OR NAME (So. Ks. ADDRESS Mr. Everett Corwin, 4400 West 70th St. Johnson					
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) Congestive Heart Failure Antecedent Causes: } Hypertension } Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Parkinson's Disease				INTERVAL BETWEEN ONSET AND DEATH 2 yrs. 15 yrs. 447X 6 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (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 _____, 1934, to _____, 1950, that I last saw the deceased alive on 11-17, 1950, and that death occurred at 5:30 P.M., from the causes and on the date stated above.									
23a. SIGNATURE: Harold M. Roberts M.D. For Frank B. Leitz, M.D.				23b. ADDRESS Prof. Aldo		23c. DATE SIGNED 11/22/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/24/50		24c. NAME OF CEMETERY OR CREMATORY Forest Hill		24d. LOCATION (City, town, or county) (State) Kansas City Mo			
DATE REC'D BY LOCAL REG. Nov. 23, 1950		REGISTRAR'S SIGNATURE		FUNERAL DIRECTOR'S SIGNATURE		ADDRESS			
		Stine		McClure					

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. *Harold M. Roberts*
DEC 2 RECD
Pres. Board
Nov 13 1931

1:00 - 4:30 P.M.

City Clerk
Superintendent

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.....
Student Embalmer

Signed *Joe McCarthy*
Licensed Embalmer No. *4654*

P. O. Address *1201 MO*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply above constitutes grounds for revocation of license.)

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