

FILED FEB 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3633

State File No.

BIRTH NO. _____ REG. DIST. NO. 377 PRIMARY REG. DIST. NO. 4545 Registrar's No. 12

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

1. PLACE OF DEATH a. COUNTY <u>Webster</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshfield, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshfield</u> <u>1120</u>	
c. LENGTH OF STAY (in this place) <u>52 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Marshfield</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Marshfield, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Florence</u>	b. (Middle)	c. (Last) <u>Corbett</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1 28 51</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>Nov. 5 1870</u>	9. AGE (in years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>2</u>	IF UNDER 24 HRS. Days <u>23</u>	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Farmerville, La. 1</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>F.M. Russell</u>	13b. MOTHER'S MAIDEN NAME <u>Nanie Daniels</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased Corbett</u>
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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>Miss Marion Corbett-Marshfield, Mo.</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH <u>Few minutes</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion, Acute</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u> DUE TO (c) <u>Arteriosclerosis, Generalized</u>		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		<u>4201</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 July 1950, to 1-28 1951, that I last saw the deceased alive on Jan. 28 1951, and that death occurred at 7:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C.P. Macdonnell M.D.</u>	23b. ADDRESS <u>Marshfield, Mo.</u>	23c. DATE SIGNED <u>Jan. 30, 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 31, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Marshfield Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Marshfield Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-2-1951</u>	REGISTRAR'S SIGNATURE <u>J. Francis</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Barber-Barto Funeral Home</u>	ADDRESS
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DEPARTMENT OF HEALTH OF MO.

District of Columbia

RECEIVED FEB 5 1951

Dist. File 251-295

Date Filed 2-5-51

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

Lee Mason

Licensed Embalmer No. 4568

P. O. Address Mainfield, Md.

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.