

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17122

State File No. ....

BIRTH NO. 30.310-51 REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 5622 Registrar's No. 21

0570

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

1. PLACE OF DEATH a. COUNTY <u>Knox</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Knox City</u> b. COUNTY <u>Knox</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Myrtle</u>		c. LENGTH OF STAY (In place) <u>2 hours</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Knox City (Rural)</u>		<u>0570</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mile N.W. of Knox City</u>			d. STREET ADDRESS (If rural, give location) <u>1 mile N.W. of Knox City</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Unnamed Infant</u> b. (Middle) <u>Corbin</u> c. (Last)			4. DATE OF DEATH Month <u>4</u> Day <u>22</u> Year <u>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>0</u>	8. DATE OF BIRTH <u>4/22/51</u>		9. AGE (In years last birthday) <u>2</u> Months <u>2</u> Days <u>30</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Knox County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Mont Corbin</u>		13b. MOTHER'S MAIDEN NAME <u>Ethel Ryan</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mont Corbin, Knox City, Mo.</u>				ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature Birth</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>776 x</u>			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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
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22. I hereby certify that I attended the deceased from 8:00 PM 4/22, 1951, that I last saw the deceased alive on 4/22, 1951 and that death occurred at 3:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Waldo B. Horn MD</u>		23b. ADDRESS <u>Knox City Mo</u>	23c. DATE SIGNED <u>4/25/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/23/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Knox City, Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Knox City, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>April 28-1951</u>	REGISTRAR'S SIGNATURE <u>Nellie S. Hunter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mauler Funeral Home, Knoxville, Mo.</u>		ADDRESS
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Date Received: MAY 7 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 5-57-872  
Date Filed: MAY 8 1951

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~~

*Not Embalmed*

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Don Mauler*

Licensed Embalmer No.

*4430*

P. O. Address

*Harvey City, 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.