FILED JAN 3 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40614

State File No.

BIRTH NO. REG. DIST. NO. 14 PRIMARY REG. DIST. NO. 4028 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY: BARTON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LIBERAL
c. LENGTH OF STAY (In this place): 70 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: BARTON 0060
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LIBERAL 0
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): DARATHULA
b. (Middle): LOUISA
c. (Last): CORBEN

4. DATE OF DEATH (Month) (Day) (Year): DEC 13 1951

5. SEX: F /

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: JUNE 17 1851

9. AGE (In years last birthday): 100 — If under 1 year: Months 5, Days 26 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): SHELBYVILLE, INDIANA /

12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: JOHN POLLITT

13b. MOTHER'S MAIDEN NAME: SUSAN MEREDITH

14. NAME OF HUSBAND OR WIFE: GEORGE A. CORBEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): XX

16. SOCIAL SECURITY NO.: XX

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: MRS. W. B. CORBEN, LIBERAL, MISSOURI

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) Neurocirculatory Collapse — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Injury to capsular ligament and malleolar ligs. right foot during a fall from Bed. — 4 wks

DUE TO (c) Instability due to senility — 4015 yrs.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Had been bedfast for several months, & muscles were atrophic.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: E9020 2-

20. AUTOPSY? YES ☐ NO ☑

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): 11 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov. 11, 1951, *to* Dec. 12, 1951, *that I last saw the deceased alive on* Dec. 12, 1951, *and that death occurred at* 6:00 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. H. Knueland, D.O.

23b. ADDRESS: Liberal, Mo.

23c. DATE SIGNED: Dec. 15, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: DEC 16 1951

24c. NAME OF CEMETERY OR CREMATORY: Oakton Cemetery

24d. LOCATION (City, town, or county) (State): Lamar, Mo. R#1

DATE REC'D BY LOCAL REG.: Dec 27, 1951

REGISTRAR'S SIGNATURE: Charlotte McDowell 420

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: KONANTZ FUNERAL HOME, LAMAR, MISSOURI

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48
060

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. 14444 working under my personal supervision.

Signed Earl H. Kennedy

Licensed Embalmer No. 2287

P. O. Address Lamar, Missouri

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.

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PRIMARY REG. DIST. NO.

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If in hospital or institution, give name instead of street and number)

2. USUAL RESIDENCE (Where deceased lived. If institution, record last place of residence)
a. STATE
b. COUNTY
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First)
b. (Middle)
c. (Last)
4. DATE OF DEATH (Month) (Day) (Year)

5. SEX
6. COLOR OR RACE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH
9. AGE (In years) (Last birthday)
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME
13b. MOTHER'S MAIDEN NAME
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME
ADDRESS

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)
DUE TO (b)
DUE TO (c)
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

19. If woman, did pregnancy contribute to death?
20. AUTOPSY? Yes No
21a. ACCIDENT SUICIDE HOMICIDE
21b. TIME OF INJURY (Month) (Day) (Year)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. HOW DID INJURY OCCUR?
21e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21f. DATE OF INJURY
21g. INJURY OCCURRED WHILE AT WORK?

Signed ..... Student Embalmer ..... 19 ..... to ..... 19 ..... from ..... Licensed Embalmer No. ..... and saw the deceased alive on ..... 19 ..... and that death occurred at ..... m., from the causes and on the date stated above.

22a. DATE SIGNED
22b. ADDRESS (Place or city)
23. BURIAL, CREMATION, REMOVAL (Specify)
24. DATE
25. NAME OF CEMETERY OR CREMATORY
26. FUNERAL DIRECTOR'S SIGNATURE
ADDRESS
DATE FILED BY FUNERAL DIRECTOR
REGISTRAR'S SIGNATURE

WHITE—STATE FILE—YELLOW—FUNERAL DIRECTOR—PINK—STATE REGISTRAR—GREEN—PLACE OF DEATH—BLUE—PRIMARY RECORD