

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4739**  
Registrar's No. **55**

FILED FEB 25 1952

BIRTH NO. _____		REG. DIST. NO. <b>137</b>		PRIMARY REG. DIST. NO. <b>3023</b>	
1. PLACE OF DEATH a. COUNTY <b>Henry</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Clair</b>		
b. CITY (If outside corporate limits, write RURAL and give town) <b>Clinton Hospital</b>		c. LENGTH OF STAY (in this place) <b>15 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Collins</b>		<b>0930</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Wetzel Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>/</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charlton</b>		b. (Middle) <b>B.</b>	c. (Last) <b>Corwin</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb, 15, 1952</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept, 18, 1869</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Jefferson City Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Charlton J. Corwin</b>		13b. MOTHER'S MAIDEN NAME <b>Marv E. Baysa</b>		14. NAME OF HUSBAND OR WIFE <b>Fern Corwin</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Fern Corwin Collins Mo</b>		ADDRESS
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) <b>Chronic Myocardial Degeneration.</b>		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.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4-272</b>			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)		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 <b>Aug 2, 1951</b> , to <b>Feb 15, 1952</b> , that I last saw the deceased alive on <b>Feb 14, 1952</b> , and that death occurred at <b>8:00 A. m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>D. E. A. Brown</b>			23b. ADDRESS <b>D.O. Collins Mo</b>	23c. DATE SIGNED <b>2-15-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>2/17/1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Osceola</b>		24d. LOCATION (City, town, or county) (State) <b>Osceola Mo</b>	
DATE REC'D BY LOCAL REG <b>Feb-17-52</b>	REGISTRAR'S SIGNATURE <b>Florence Adams</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>F. B. ...</b>	ADDRESS <b>Osceola Mo</b>	

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

0422  
0

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 *J.B. Paulish* .....

Licensed Embalmer No. *3038* .....

P. O. Address *Osceola 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.