

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

16201

State File No. _____

Registrar's No. _____

FILED JUN 2 1952

BIRTH NO. _____

REG. DIST. NO. 137

PRIMARY REG. DIST. NO. 3033

1. PLACE OF DEATH a. COUNTY HENRY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clatsop			
b. CITY, (If outside corporate limits, write RURAL and give township) CLINTON				c. CITY (If outside corporate limits, write RURAL and give township) Collins Mo. 0930			
d. FULL NAME OF HOSPITAL OR INSTITUTION WETZEL				d. STREET ADDRESS (If rural, give location) /			
3. NAME OF DECEASED (Type or Print) FERN		a. (First)		b. (Middle)		c. (Last) CORWIN	
5. SEX F		6. COLOR OR RACE W		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) W		8. DATE OF BIRTH Dec 31, 1878	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 74		11. BIRTHPLACE (State or foreign country) Collins Missouri USA	
13a. FATHER'S NAME George & Beach		13b. MOTHER'S MAIDEN NAME Mary Martin		14. NAME OF HUSBAND OR WIFE -		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Ray Black Collins Mo		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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lungs ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastasis DUE TO (c) Carcinoma of Stomach				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 151X				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) m.		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 Sept. , 1951, to May , 1952, that I last saw the deceased alive on May 26, 1952 , and that death occurred at 1:48 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Robert H. Bashell, M.D. (Degree or title)				23b. ADDRESS Clinton, Mo		23c. DATE SIGNED 5-26-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 29, 52		24c. NAME OF CEMETERY OR CREMATORY Forest Hill		24d. LOCATION (City, town, or county) (State) Kansas City Mo	
DATE REC'D BY LOCAL REG. May 26-52		REGISTRAR'S SIGNATURE Florence Adair		4.22 FUNERAL DIRECTOR'S SIGNATURE J.B. Bradish		ADDRESS Collins Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 1962

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. Lindrich

Licensed Embalmer No. 3028

P. O. Address Presque Isle

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.