

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16949

State File No.

S. No. 300
V. 10.48

FILED MAY 20 1952

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

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>216</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)			
a. COUNTY Jasper		a. STATE Missouri		b. COUNTY Newton			
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. LENGTH OF STAY (In this place) 38 yrs		c. CITY, (If outside corporate limits, write RURAL and give township) Joplin Rural Route # 2		0130	
d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital				d. STREET ADDRESS (If rural, give location) 10 Mi South on Hi. # 71			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) William	b. (Middle) Nugent	c. (Last) CORBIN	(Month) May	(Day) 13	(Year) 1952		
(Type or Print)							
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 28, 1894	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months 5	IF UNDER 6 HRS. Hours 5	Min. 30
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY General Construction		11. BIRTHPLACE (State or foreign country) Ivanhoe, Texas		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME William Clark Corbin		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Flossie Mabel Corbin			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 491-07-9450		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Flossie Corbin Rt# 2 Joplin, Missouri			
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, atherosclerosis, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH 3 mos.	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CONGESTIVE HEART FAILURE					UNKNOWN	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CHRONIC (OR) PULMONAL					UNKNOWN	
	DUE TO (c) CHRONIC EMPHYSEMA					UNKNOWN	
	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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		5271	
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 <u>4-10</u> , 19 <u>52</u> , to <u>5-13</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>5-13</u> , 19 <u>52</u> , and that death occurred at <u>5:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) D. D. Douglas M.D.				23b. ADDRESS Frisco Bldg. Joplin Mo.		23c. DATE SIGNED 5/16/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 15, 1952	24c. NAME OF CEMETERY OR CREMATORY Saginaw Cemetery		24d. LOCATION (City, town, or county) (State) Saginaw, Missouri		
DATE REC'D BY LOCAL REG. 5-17-52		REGISTRAR'S SIGNATURE D. D. Douglas		25. FUNERAL DIRECTOR'S SIGNATURE Thornhill-Dillon Mort.		ADDRESS Joplin, Mo.	

RECEIVED 5-19-52
Jasper County Health Office

County File Number 52/5/381

Date Filed 5-19-52

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed David E. Nelson

Licensed Embalmer No. 3898

P. O. Address Joplin, 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.