

**STANDARD CERTIFICATE OF DEATH**

**38288**

State File No. ....

S. No. 300  
v. 10-48

**FILED DEC 14 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1257

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

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <u>Buchanan</u>   |  |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>  |  | c. LENGTH OF STAY (In this place) <u>20 yrs.</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>723 So. 11th St. Duncan Rest Home</u> |  |  | d. STREET ADDRESS (If rural, give location) <u>517 Renick St.</u>   |  |  |

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|--|--|--|---|---|--|
| <b>3. NAME OF DECEASED</b><br>(Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>WASHINGTON</u> c. (Last) <u>CORKINS</u> |  | <b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Nov. 27, 1953</u>            |   |   |  |
| <b>5. SEX</b> <u>Male</u>  | <b>6. COLOR OR RACE</b> <u>White</u>           | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u> | <b>8. DATE OF BIRTH</b> <u>Jan. 25, 1873</u>                          |   |  |
| <b>9. AGE</b> (In years last birthday) <u>80</u>   | IF UNDER 1 YEAR Months <u>10</u> Days <u>2</u> | IF UNDER 24 HRS. Hours <u>  </u> Min. <u>  </u>                              | <b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Iowa</u> |   |  |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>               |  | <b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Farming</u>                      | <b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>                         | <b>13a. FATHER'S NAME</b> <u>Alex Corkins</u> |  |
| <b>13b. MOTHER'S MAIDEN NAME</b> <u>Bulinda Fanning</u>  |  | <b>14. NAME OF HUSBAND OR WIFE</b> <u>Lutitia Corkins, Wife</u>              |   |   |  |

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| <b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u> | (If yes, give war or dates of service) <u>no</u> | <b>16. SOCIAL SECURITY NO.</b> <u>None</u> | <b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Lois Carter, 3025 So. 24th St., City</u> |  |  |
|---|--|--|---|--|--|

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|---|--|--|--|--|---|
| <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*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> |  | <b>MEDICAL CERTIFICATION</b>                             |  |  | <b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>2 days</u> |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cerebral Hemorrhage</u>   |  | DUE TO (b) <u>Chronic Arteriosclerotic Heart Disease</u> |  |  | <u>Unk.</u>   |
| ANTECEDENT CAUSES<br><i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>  |  | DUE TO (c) <u>Senility</u>                               |  |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br><i>Conditions contributing to the death but not related to the disease or condition causing death.</i>  |  |  |  |  |   |

|   |   |  |             |  |  |
|---|---|--|-------------|--|--|
| <b>19a. DATE OF OPERATION</b>                             | <b>19b. MAJOR FINDINGS OF OPERATION</b>   |  |             | <b>20. AUTOPSY?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| <b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)           | <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)               | <b>21c. (CITY, TOWN, OR TOWNSHIP)</b> (COUNTY) (STATE) | <u>4200</u> |  |  |
| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m. | <b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | <b>21f. HOW DID INJURY OCCUR?</b>                      |             |  |  |

**22. I hereby certify that I attended the deceased from June 1, 1953 to Nov 27, 1953, that I last saw the deceased alive on Nov 25, 1953, and that death occurred at 8:00A m., from the causes and on the date stated above.**

|  |                                      |   |   |  |  |
|--|--------------------------------------|---|---|--|--|
| <b>23a. SIGNATURE</b> (Degree or title) <u>H. F. Mundy, M.D.</u> |                                      | <b>23b. ADDRESS</b> <u>2801 Sacramento St., City</u>                |   | <b>23c. DATE SIGNED</b> <u>12-4-53</u> |  |
| <b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>   | <b>24b. DATE</b> <u>Dec 29, 1953</u> | <b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Odd Fellows Public</u> | <b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Joseph, Mo.</u> |  |  |

|  |   |   |                                       |  |  |
|--|---|---|---------------------------------------|--|--|
| <b>DATE REC'D BY LOCAL REG.</b> <u>Dec 9, 1953</u> | <b>REGISTRAR'S SIGNATURE</b> <u>Arthur M. Allison</u> | <b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Hubert [Signature]</u> | <b>ADDRESS</b> <u>St. Joseph, Mo.</u> |  |  |
|--|---|---|---------------------------------------|--|--|

(Licensed Embalmer's Statement on Reverse Side)

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 Clavin E. Bagan

Licensed Embalmer No. 4795

P. O. Address St. Joseph, 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.