

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42622

No. 500
10.48

FILED DEC 28 1953

BIRTH NO. R 2274 REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 168

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Route 1 Spickard.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wright Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>6400</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Keith</u> b. (Middle) <u>Allen</u> c. (Last) <u>Corbin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 2 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Nov 30 1953</u>	9. AGE (In years last birthday) <u>2 days</u>	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Trenton Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Clarence Leslie Corbin</u>	13b. MOTHER'S MAIDEN NAME <u>Nellie Kent</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Corbin</u> ADDRESS <u>Trenton MO</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Malformation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Spine - Chest - arm - Fat</u>		
	DUE TO <u>Congenital Heart Disease 2 days (Valvular)</u>		
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 <u>7544</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov 30 1953, to Dec 2 1953, that I last saw the deceased alive on Dec 1 1953, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. A. Duffy M.D.</u> (Degree or title)	23b. ADDRESS <u>Trenton Mo</u>	23c. DATE SIGNED <u>Dec 2 53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 2 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Trenton, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-2-53</u>	REGISTRAR'S SIGNATURE <u>Jane Jan 115</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Davis - Blackmore</u> ADDRESS <u>Trenton, Mo.</u>
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Dr. E. A. Duffy.

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{Not} embalmed by me, or by _____

Not Embalmed - Request of Father

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Herald S Roberts*

Licensed Embalmer No. *4920*

P. O. Address *Greentown, Md.*

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.