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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36559

State File No. ....

FILED DEC 6 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1243

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

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Atchison</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>	c. LENGTH OF STAY (in this place) <b>82 days</b>	c. CITY OR TOWN <b>Tarkio</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Parkview Nursing Home 3225 S. 11th St.</b>		e. STREET ADDRESS (If rural, give location) <b>2030</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Anna</b>	b. (Middle)	c. (Last) <b>Corbin</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>November 22, 1954</b>
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5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>September 8, 1868</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Breslau, Germany</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Adolph Karsubka</b>	13b. MOTHER'S MAIDEN NAME <b>unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Henry</b>
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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>Mrs. Clarence Kendel</b>	ADDRESS <b>1101 S. 11th, St. Joseph Mo.</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		<b>2 1/2 hrs</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Arteriosclerosis</b>	<b>1 yr +</b>
		DUE TO (c) <b>Arteriosclerotic Heart Disease</b>	<b>1 yr +</b>
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>4200</b>	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) m.	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 8-28-54, 1954, to 11-21-54, 1954, that I last saw the deceased alive on 11-21-54, 1954 and that death occurred at 3:58a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Dipton Smith</b>	(Degree or title)	23b. ADDRESS <b>218 N. Seventh St. St. Joseph 54, Missouri</b>	23c. DATE SIGNED <b>11-23-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	24b. DATE <b>11/22/1954</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>Tarkio, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Dec 2, 1954</b>	REGISTRAR'S SIGNATURE <b>Kathleen M. Allison</b>	485-9	25. FUNERAL DIRECTOR'S SIGNATURE <b>Heaton Brown</b>	ADDRESS <b>St. Joseph Mo.</b>
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(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 Paul....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed By Philip D. Collins.....

Licensed Embalmer No. 495.....

P. O. Address St. Joseph.....

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.**