

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1017

1. PLACE OF DEATH  
a. COUNTY Jackson  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City  
c. LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Buchanan  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph D 117  
d. STREET ADDRESS (If rural, give location) Corby Grove

3. NAME OF DECEASED  
a. (First) Joseph b. (Middle) Edgar c. (Last) Corby

4. DATE OF DEATH (Month) (Day) (Year)  
March 7 1955

5. SEX D MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

8. DATE OF BIRTH Jan 3 1879

9. AGE (In years last birthday) 76  
# UNDER 1 YEAR Months Days # UNDER 24 HRS Hours Mins.

10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY Real Estate

11. BIRTHPLACE (City and State or Foreign Country) St Joseph Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joseph Aloysius Corby

13b. MOTHER'S MAIDEN NAME Elizabeth S Harris

14. NAME OF HUSBAND OR WIFE Jeanne Jung Corby (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) World War I

16. SOCIAL SECURITY NO. 491-10954

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
John Corby St Joseph, Mo.

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  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Chronic Brain Syndrome associated with Cerebral Arteriosclerosis  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:  
DUE TO (b) cerebral Arteriosclerosis  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 4 years  
334X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from August 1, 1954, to March 7, 1955 that I last saw the deceased alive on March 7, 1955, and that death occurred at 11:35 AM., from the causes and on the date stated above.

23a. SIGNATURE Albert Preston Jr. (Degree or title)  
Albert Preston Jr. M.D.

23b. ADDRESS 4635 Wyandotte U.C. Mo.

23c. DATE SIGNED March 7 1955

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

24b. DATE MARCH 7 1955

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State) St. Joseph Missouri

DATE REC'D BY LOCAL REG. 3-7-55

REGISTRAR'S SIGNATURE neva minshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
J. H. Newcomer Sons 2211 Broadway Kansas City Mo.

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

APR 18 1958

44-15 5 1958

**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 Chester K Brown

Licensed Embalmer No. 4931

P. O. Address KE 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.