

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

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

5990

BIRTH NO. _____ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 4481 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Scotland</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scotland</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Gorin</u>	c. LENGTH OF STAY in this place <u>entire life</u>	c. CITY OR TOWN <u>Gorin</u>	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		e. STREET ADDRESS (If rural, give location) <u>0990</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u>		b. (Middle)	c. (Last) <u>Corbin</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 27 1955</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 8, 1888</u>
9. AGE (In years last birthday) <u>67</u>		# UNDER 1 YEAR Months	# UNDER 12 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Knox County, Missouri</u>
		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>William Corbin</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Kowue</u>	14. NAME OF HUSBAND OR WIFE <u>Carrie Corbin</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Carrie Corbin</u>
		ADDRESS <u>Gorin, Missouri</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>apoplexy</u>			Unknown
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>			
DUE TO (c)			
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>334X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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) m.	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>Jan 15, 1950, to Mar 28, 1955</u> , that I last saw the deceased alive on <u>Mar 27, 1955</u> , and that death occurred at <u>11 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>B. F. Hutchinson M.D.</u>		23b. ADDRESS <u>Memphis Mo</u>	23c. DATE SIGNED <u>3/29/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Mar. 29, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Gorin Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Gorin, Missouri</u>
DATE REC'D BY LOCAL REG. <u>3/31/55</u>	REGISTRAR'S SIGNATURE <u>Vera G. Turner</u>	4767	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lueth O. Baskett</u>
		ADDRESS <u>Memphis Mo</u>	

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.....
Signature of Student Embalmer

Signed..... 

Licensed Embalmer No. 42

P. O. Address 77

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.