

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41504

State File No.

FILED JAN 4 - 1956

BIRTH NO.		REG. DIST. NO. <u>264</u>		PRIMARY REG. DIST. NO. <u>4395</u>		Registrar's No. <u>35</u>	
1. PLACE OF DEATH a. COUNTY <u>Ozark</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Ozark</u>			
b. CITY OR TOWN <u>Hainesville</u>		c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY OR TOWN <u>Hainesville</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>0770</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>Corbin</u>		c. (Last) <u>Harlin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-18-55</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>1-29-1875</u>	
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months Days		IF UNDER 1 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Booker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bank</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hainesville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John W. Corbin</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Corbin</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Harlin</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. <u>486-0367449</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hugh Tan Harlin, Hainesville</u>		ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 mo</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>Aug 8, 1955</u> to <u>Dec 18, 1955</u> , that I last saw the deceased alive on <u>Dec 18, 1955</u> , and that death occurred at <u>7:05 P.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M.D. Haerman D.O.</u>		23b. ADDRESS <u>Hainesville, Mo.</u>		23c. DATE SIGNED <u>12-18-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-20-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hainesville City</u>		24d. LOCATION (City, town, or county) (State) <u>Hainesville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12/31/55</u>		REGISTRAR'S SIGNATURE <u>Shane Mahan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Blindberghead</u>		ADDRESS <u>Hainesville</u>	

(Licensed Embalmer's Statement on Reverse Side)

JUL 24 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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4888

P. O. Address.....

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.