

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41517**

BIRTH NO. _____ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **3049** Registrar's No. **83**

1. PLACE OF DEATH a. COUNTY Democrat			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Democrat		
b. CITY (If multiple corporate limits, write RURAL and give township) Wayz		c. LENGTH OF STAY (if in place) 3 days	c. CITY OR TOWN Caruthersville		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 Democrat Hospital			No. STREET ADDRESS (If rural, give location) 407 Carleton		
3. NAME OF DECEASED a. (First) W. b. (Middle) W. c. (Last) Corbett			4. DATE OF DEATH (Month) (Day) (Year) Dec-24-1955		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar-7-1882		9. AGE (In years last birthday) 73 9 17
10a. USUAL OCCUPATION (Give kind of work done in the most of working life, and if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Retail	11. BIRTHPLACE (City and State or Foreign Country) Tate Ga.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME W.W. Corbett Sr.		13b. MOTHER'S MAIDEN NAME Sarah F. Hamilton		14. NAME OF HUSBAND OR WIFE Mary Jane Corbett	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Years or unknown) (If less than war or dates of service) No		16. SOCIAL SECURITY NO. No.	17. INFORMANT'S SIGNATURE OR NAME J. Mc Coy ADDRESS _____		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 days
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia	<p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) Bronchial catarrh with Emphysema.</p> <p>DUE TO (c)</p>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 241x		
		19a. DATE OF OPERATION		

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 **12/1**, 19**55**, to **12/24**, 19**55**, that I last saw the deceased alive on **12/24**, 19**55**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE J. Mc Coy MD		(Degree or title)		23b. ADDRESS Caruthersville Mo		23c. DATE SIGNED 12/29/55	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 12-26-55		24c. NAME OF CEMETERY OR CREMATORY Maple Cemetery		24d. LOCATION (City, town or county) (State) Caruthersville Mo.	
DATE REC'D BY LOCAL REG. 1-5-56		REGISTRAR'S SIGNATURE Johanna H. German		406		25. FUNERAL DIRECTOR'S SIGNATURE Dale Dean ADDRESS Caruthersville Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

17-56

JAN 9 1956

FEB 1 1956

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 *Noel C. Deane*

Licensed Embalmer No. *39*

P. O. Address *Caruthersville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.