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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 29 1956

State File No. **15456**

BIRTH NO. _____ REG. DIST. NO. **4** PRIMARY REG. DIST. NO. **Boyle** Registrar's No. **53**

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Atchison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Clark Twsp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Clark Twsp.	
c. LENGTH OF STAY (in this place) 2 yrs.		d. STREET ADDRESS (If rural, give location) 5 Miles west of Fairfax	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) BENTLEY c. (Last) CORBIN			4. DATE OF DEATH (Month) (Day) (Year) May 22 1956		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	
8. DATE OF BIRTH June 19, 1900		9. AGE (In years last birthday) 55		10. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Willard, Missouri	

13a. FATHER'S NAME James Harley Corbin		13b. MOTHER'S MAIDEN NAME Mary Jane Hughes		14. NAME OF HUSBAND OR WIFE Bessie May Corbin (Dec)	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lewis Vaught Fairfax Mo.	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular fibrillation				INTERVAL BETWEEN ONSET AND DEATH 5 minutes	
		ANTECEDENT CAUSES DUE TO (b) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Hypertensive Cardiovascular disease				8 years	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. azotemia nephrosclerosis				about 2 years	

19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION				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) 442x	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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 **March 1, 1955, to May 22, 1956**, that I last saw the deceased alive on **May 15, 1956**, and that death occurred at **11:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. J. Murphy, M.D.		23b. ADDRESS Boyle, Missouri		23c. DATE SIGNED May 22, 1956	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-25-56		24c. NAME OF CEMETERY Walkups Grove		24d. LOCATION (City, town, or county) (State) Near Fairfax Mo.	
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DATE REC'D BY LOCAL REG May 23, 1956		REGISTRAR'S SIGNATURE Thomas A. Schaefer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schooler Funeral Home Fairfax Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Marvin W. Scheeler*

Licensed Embalmer No. *4162*

P. O. Address *Fairfax, Va*

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.