No. 300
10.48

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

FILED JUL 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19525

BIRTH NO. _____ REG. DIST. NO. 14 PRIMARY REG. DIST. NO. 4028 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY: Barton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Liberal
c. LENGTH OF STAY (in this place): 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Barton
c. CITY OR TOWN: Liberal
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 806 0

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): BRISTOE
c. (Last): CORBEN

4. DATE OF DEATH (Month) (Day) (Year): June 23 1956

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov 17 1877
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months ___ Days ___ — IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Terre Haute, Indiana
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: George Corben
13b. MOTHER'S MAIDEN NAME: Darthrula Pollit
14. NAME OF HUSBAND OR WIFE: Josephine May Baston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): XXXX
16. SOCIAL SECURITY NO.: 490-20-1478A
17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Mrs. Josephine Corben, Liberal, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH: 5 Minutes

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary Thrombosis — 1/2 hr.
DUE TO (c) Arteriosclerosis, Generalized — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Senility and inability to gain weight. — 5 yrs.

19a. DATE OF OPERATION
~~19b. MAJOR FINDINGS OF OPERATION~~ Note: This was a case of cardiac standstill. No attendance previously.
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) 4201
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? (1951)

22. *I hereby certify that I attended the deceased from* Dec. 7, 19 51, *to* June 23, 19 56 *that I last saw the deceased alive on* Feb. 29, 19 56, *and that death occurred at* 10:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. H. Kneelan, D.O.
23b. ADDRESS: Liberal, Mo.
23c. DATE SIGNED: 6-26-56

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: June 27 1956
24c. NAME OF CEMETERY OR CREMATORY: Oakton
24d. LOCATION (City, town, or county) (State): Barton County, Missouri

DATE REC'D BY LOCAL REG.: June 28 1956
REGISTRAR'S SIGNATURE: Charlotte McDowell
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: Konantz Funeral Home, Lamar, Missouri

(Licensed Embalmer's Statement on Reverse Side)

20 00

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Carl F. Konantz.....

Licensed Embalmer No. 774

P. O. Address Lamar, M

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