

FILED JUL 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23660

STATE FILE NUMBER

 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2800

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Safayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN NAPOLEON	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL VETERANS ADMIN. HOSPITAL		d. STREET ADDRESS RTE 1, BOX 108	
Length of stay in 1b 2 days		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First CHARLES Middle L. Last CORBIN			4. DATE OF DEATH Month June Day 26 Year 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 8, 1929	9. AGE (In years last birthday) 26	IF UNDER 1 YEAR Months 26 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Jitney Driver		10b. KIND OF BUSINESS OR INDUSTRY Manufacturing		11. BIRTHPLACE (City and state or country) Concordia Parrish, La.	
13. FATHER'S NAME Julius Corbin			14. MOTHER'S MAIDEN NAME Lula Mae O'Neill		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. 426 38 8110	17. INFORMANT VA Hospital Official Official Records	Address K. C. Mo.
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:- IMMEDIATE CAUSE (a) Inanition and cachexia.		INTERVAL BETWEEN ONSET AND DEATH 190x
DUE TO (b) Icterus, severe		
DUE TO (c) Malignant melanoma		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour 5:40 Month June Day 24 Year 1956 a. m. AM p. m.		
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 24, 1956 to June 26, 1956		
Death occurred at 5:40 AM on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE J. A. Turner J. A. TURNER, M.D.	(Degree or title) D	22b. ADDRESS VA Hospital, Kansas City, Mo.
		22c. DATE SIGNED 6/26/56

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE June 28, 1956	23c. NAME OF CEMETERY OR CREMATORY Mound Home Cemetery	23d. LOCATION (City, town, or county) (State) Indianessence, Mo.
24. FUNERAL DIRECTOR Roland R. Speaks, Indes. Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 6-27-56	26. REGISTRAR'S SIGNATURE neva mirshall

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally-related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *R. Kenneth Patterson*

Licensed Embalmer No. *469*

P. O. Address *Indep.*

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.