

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37940

STATE FILE NUMBER  
4914

FILED NOV 28 1956

Registration District No. 149 Primary Registration District No. 1602 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson,</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City,</u>		Inside Limits OR No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Rural, Knobnoster, Mo.</u>		Inside Limits OR No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Lukes Hospital,</u>		Length of stay in 1b <u>12 Days</u>		d. STREET (If outside, give location) ADDRESS <u>R.R. No. 2,</u>	
3. NAME OF DECEASED (Type or print) First <u>VERLEN</u> Middle <u>CORBETT</u> Last <u>CORBETT</u>			4. DATE OF DEATH Month <u>November</u> Day <u>11</u> Year <u>1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>November 10, 1899</u>	9. AGE (In years last birthday) <u>57</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Johnson County, Missouri</u>	
13. FATHER'S NAME <u>Charles Franklin Corbett,</u>			14. MOTHER'S MAIDEN NAME <u>Mary Frances Miller,</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>no</u>		17. INFORMANT <u>Mrs. Violet Corbett, Knobnoster, Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Subdural Hemorrhage of Temporal Lobe</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Brain. Pneumonia at lower lobe.</u> DUE TO (c) <u>Brain. Pneumonia at lower lobe.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>E 8164</u>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Exact nature of injury in Part I or Part II of item 18.) <u>Automobile Accident. Two low Callosities</u>		
20c. TIME OF INJURY Hour <u>10-27-56</u> a. m. <u>10</u> p. m. <u>27</u>			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>County Road, Johnson Co. Mo.</u>		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>Rural, Knobnoster, Johnson Co. Missouri</u>		20g. COUNTY <u>Johnson Co.</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Hugh H. Owens</u> <u>Hugh A. Owens Coroner</u>			22b. ADDRESS <u>Jackson County Coroner, Jackson County Court House</u>		22c. DATE SIGNED <u>11-13-56</u>
23a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11-13th, 1956</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Knobnoster Cemetery,</u>	
23d. LOCATION (City, town, or county) <u>Knobnoster, Missouri.</u>		23e. STATE <u>Missouri.</u>		23f. REGISTRAR'S SIGNATURE <u>Reva Minshall</u>	
24. FUNERAL DIRECTOR <u>R.A. Brauninger, Warrensburg, Missouri.</u>			25. DATE RECD. BY LOCAL REG. <u>11-14-56</u>		26. REGISTRAR'S SIGNATURE <u>Reva Minshall</u>

(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 me....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed RA Banning.....

Licensed Embalmer No. 33.....

P. O. Address Warren.....

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.