No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3684

State File No. .....

FILED FEB 28 1957

BIRTH NO. ..... REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 4042 Registrar's No. 10

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

1. PLACE OF DEATH
a. COUNTY: Bollinger
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lutesville
c. LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bond Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Bollinger
c. CITY OR TOWN: Lutesville, 0090 0
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Mildred
b. (Middle): Gertrude
c. (Last): Corbin

4. DATE OF DEATH (Month) (Day) (Year): 2-16-57

5. SEX: FM
6. COLOR OR RACE: W 1
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Oct. 21-1886
9. AGE (In years last birthday): 71 — 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): House
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Lerna, Ill 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Clinton Phipps
13b. MOTHER'S MAIDEN NAME: Sarah Neice
14. NAME OF HUSBAND OR WIFE: Charles Corbin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Mary Schroeder, 3029 Shannondoh St. Louis

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) Hypostatic Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardio Renal Vascular disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 442x
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) 2
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 18, 1955 *to* Feb. 16, 1957, *that I last saw the deceased alive on* 2/16, 1957, *and that death occurred at* 7:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John J. Myers VO 2
23b. ADDRESS: Lutesville Mo
23c. DATE SIGNED: 2/18/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-20-57
24c. NAME OF CEMETERY OR CREMATORY: Cape Memorial
24d. LOCATION (City, town, or county) (State): Cape Girardeau, Mo

DATE REC'D BY LOCAL REG.: 2-20-57
REGISTRAR'S SIGNATURE: Mrs. Buford Crader
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Lene Ward, Lutesville Mo

(Licensed Embalmer's Statement on Reverse Side)

520
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MAR 28 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R. O. Laird

Licensed Embalmer No. 4538

P. O. Address Jackson, M

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