FILED FEB 6 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 369

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 185

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Poplar Bluff — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Poplar Bluff Hospital — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Stoddard
c. CITY OR TOWN Dudley — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1030 — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Orna Middle: Roberta Last: Corzine

4. DATE OF DEATH Month Jan. Day 23 Year 1958

5. SEX Female 6. COLOR OR RACE White 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH Dec. 10, 1910 9. AGE (In years last birthday) 47 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-wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Big Sandy, Tenn.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME James Wesley Walker
13b. MOTHER'S MAIDEN NAME Octavia Robbins
14. NAME OF HUSBAND OR WIFE James Corzine

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT James Corzine, Address Dudley, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Embolism
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Fractured left femur, Humerus
DUE TO (c)

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 ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) Fell facing fracture,
20c. TIME OF INJURY Hour a.m. p.m. 40 Month, Day, Year 1-19-58
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1-19-58, to 1-23-58 and last saw her alive on 1-23-58
Death occurred at 7:20 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John Hunnicutt (Degree or title) M D
22b. ADDRESS Poplar Bluff, Mo
22c. DATE SIGNED 1-28-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-25-58
23c. NAME OF CEMETERY OR CREMATORY Ash Hill
23d. LOCATION (City, town, or county) (State) R.F.D. Fisk, Missouri

24. FUNERAL DIRECTOR Strickland-Rainey ADDRESS Dexter, Mo.
25. DATE REC'D BY LOCAL REG. 1/30/58
26. REGISTRAR'S SIGNATURE [illegible]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Item 18 I (b) con by autopsy of dr. 4-29-58

RECEIVED
FEB 7 1958
BUTLER CO. HEALTH CENTER
FILE No._____

FEB 27 1958

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Lucille Kinney

Licensed Embalmer No. 4983

P. O. Address Poplar Bluff, Mo

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.