

FILED MAY 9 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014129

STATE FILE NUMBER

1965

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

S. 300
1-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. JOSEPH'S HOSPITAL		Length of stay in lb 45 YEARS	d. STREET ADDRESS (If outside, give location) 3517 WINDSOR AVENUE
3. NAME OF DECEASED (Type or print) First Middle Last HERBERT FRANK CORBY		4. DATE OF DEATH Month Day Year APRIL 14 1958	
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 JUNE 30 1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED SERVICE		10b. KIND OF BUSINESS OR INDUSTRY PLUMBERS	9. AGE (In years last birthday) 80
11. BIRTHPLACE (City and state or country) SCALDWELL ENGLAND		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME ROBERT CORBY		13b. MOTHER'S MAIDEN NAME ELLEN FRUDE	14. NAME OF HUSBAND OR WIFE MRS. ETHEL FULLER CORBY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 496-03-7793A	17. INFORMANT Address MRS. ETHEL FULLER CORBY 3517 WINDSOR AVENUE KANSAS CITY MISSOURI
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EMBOLUS.			INTERVAL BETWEEN ONSET AND DEATH 2 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Congestive Heart Failure			2 yr.
DUE TO (c) Arteriosclerotic Heart Disease			5 yr.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CARCINOMA Prostate			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <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 1955 to 4/14/58 and last saw ^{her} _{him} alive on 4-14-58 Death occurred at 9:25 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Quentin Gramer (Degree or title) MD		22b. ADDRESS Professional Bldg. No. 4/16/58	
22c. DATE SIGNED 4/16/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE APRIL 17 1958	23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY
		23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS		ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.	25. DATE RECD. BY LOCAL REG. 4-17-58
		26. REGISTRAR'S SIGNATURE Gene Marshall	

(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 causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Quentin Gramer

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 *Chester L. Brown*

Licensed Embalmer No. *4921*
P. O. Address *Keeno*

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.