

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007830

FILED VS. MAR 8 1960

Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 81

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>ST. FRANCOIS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <b>MO.</b> b. COUNTY <b>ST. FRANCOIS (Mission)</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>FLAT RIVER, MO.</b>		Length of stay in 1b		c. CITY OR TOWN <b>FLAT RIVER, MO</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>TAYLOR AV.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>EDGAR GLENN CORWINE</b>				4. DATE OF DEATH Month <b>FEB</b> Day <b>29</b> Year <b>1960</b>				
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>MAY 31, 1892</b>		
9. AGE (last birthday) <b>77</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during last working year, even if retired) <b>REGISTERED SALESMAN OF JEWELRY</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>REAL ESTATE INS.</b>		11. BIRTHPLACE (City and state or country) <b>DERBY, KANSAS</b>		12. CITIZEN OF WHAT COUNTRY <b>UNITED STATES.</b>	
13a. FATHER'S NAME <b>EDGAR CORWINE</b>			13b. MOTHER'S MAIDEN NAME <b>OLIVIA (DENNIS) CORWINE</b>			14. NAME OF HUSBAND OR WIFE <b>JESSIE A. CORWINE</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? <b>NO</b>			16. SOCIAL SECURITY NO. <b>UNKNOWN</b>		17. INFORMANT Address <b>MRS. JESSIE A CORWINE FLAT RIVER</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CORONARY THROMBOSIS</b>							INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>HYPOSTATIC PNEUMONIA</b>								
DUE TO (c) <b>INFLUENZA</b>								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 a.m. p.m. Month, Day, Year								
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 <b>2-27-60</b> to <b>2-29-60</b> and last saw him alive on <b>2-29-60</b> Death occurred at <b>6:25 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>C. S. Howell D.O.</b> (Degree or title)				22b. ADDRESS <b>Flat River, Mo.</b>			22c. DATE SIGNED <b>2-29-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>MAR 2, 1960</b>	23c. NAME OF CEMETERY OR EXHUMATORY <b>ST. FRANCOIS MEMORIAL PARK</b>			23d. LOCATION (City, town, or county) (State) <b>NEAR BONNE TERRE, MO</b>		
24. FUNERAL DIRECTOR <b>R. CALDWELL &amp; SON'S FLAT RIVER, MO.</b> ADDRESS			25. DATE RECD. BY LOCAL REG. <b>Mar. 4, 1960</b>		26. REGISTRAR'S SIGNATURE <b>Eather Rudloff</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAR 17 1966

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by Donald Dale Caldwell, Student Embalmer No. 58

working under my personal supervision.

Student Donald Dale Caldwell  
Signature of Student Embalmer

Signed R. Caldwell

Licensed Embalmer No. 253

P. O. Address Flat R

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.