

318

1003

-61-026696

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

6987

FILED AUG 3 1961

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN ST. LOUIS, MISSOURI

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

BARNES HOSPITAL

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri.

b. COUNTY

St. Louis.

Inside Limits

Yes ☒ No ☐c. CITY
OR
TOWN

Rock Hill

(If outside, give location)

d. STREET
ADDRESS

2841 Baritan, Dr.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

EFFY

Middle

Dee

Last

CORBIN

4. DATE
OF
DEATH

Month

JULY

Day

27

Year

1961

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

4/10/1885

9. AGE (last birthday)

76

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (City and state or country)

Gainesville, Texas

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Levi Dee Hix

13b. MOTHER'S MAIDEN NAME

Mary Ann Cole

14. NAME OF HUSBAND OR WIFE

John W. Corbin

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No.

Nil.

16. SOCIAL SECURITY NO.

441-30-6786

17. INFORMANT

Joy Dell Hollocher, 2841 Baritan, Dr.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

MASSIVE GASTROINTESTINAL HEMORRHAGE, ETIOLOGY

UNDETERMINED

INTERVAL BETWEEN ONSET AND DEATH

HOURS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

QUESTIONABLE CHRONIC LYMPHOCYTIC LEUKEMIA. CHRONIC OSTEOMYELITIS
LEFT HIP. ARTERIOSCLEROTIC HEART DISEASE

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. 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.)

20c. TIME OF INJURY

Hour
a.m.
p.m.

Month, Day, Year

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 MARCH 18, 1958, to JULY 27, 1961 and last saw her alive on JULY 27, 1961

Death occurred at 5:07 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M. D.

22b. ADDRESS

BARNES HOSPITAL

22c. DATE SIGNED

7/27/61

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

7-29-61

23c. NAME OF CEMETERY OR CREMATORY

Rose Hill Cemetery

23d. LOCATION (City, town, or county)

Oklahoma City, Oklahoma

24. FUNERAL DIRECTOR

ADDRESS

Albert H. Hoppe Inc., 4700 Washington, Blvd. JUL 27 1961

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Neal Smith M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

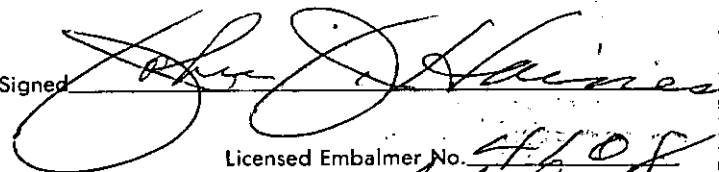
BY AFFIDAVIT OF

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



Licensed Embalmer No. 4708

P. O. Address St Louis, 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.