

MONTANA
CERTIFICATE OF DEATH

1988

36891

89-92

Local File Number

State File Number

11911
STATE OF MONTANA)
COUNTY OF RAVALLI) ss
Filed on Feb 20, 1992
County Clerk and Recorder
By Corinne A. Vale Deputy

DECEDENT'S NAME (First)		(Middle)		(Last)		SEX	DATE OF DEATH (Month, Day, Year)
HELEN		GWENDOLYN		CORBIN		FEMALE	FEB. 17, 1992
RACE—American Indian, Black White, etc. (Specify)		AGE—Last Birthday (Years)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (Month, Day, Year)		COUNTY OF DEATH
WHITE		84	Months	Days	JULY 27, 1907		MISSOULA
7b. PLACE OF DEATH (Check only one)							
HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)							
FACILITY NAME (If not institution, give street and number)					CITY, TOWN, OR LOCATION OF DEATH		
COMMUNITY MEDICAL CENTER					MISSOULA		
BIRTHPLACE (City and State or Foreign Country)		MARITAL STATUS		SURVIVING SPOUSE (If wife, give maiden surname)			
DeKALB, ILLINOIS		9. <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input checked="" type="checkbox"/> Divorced		10. NONE			
SOCIAL SECURITY NUMBER		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)		KIND OF BUSINESS/INDUSTRY		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or no)	
566-44-3831		NURSING		RETIRED		NO	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET NUMBER	
MONTANA		RAVALLI		HAMILTON		410 N. 10TH #203	
INSIDE CITY LIMITS? (Yes or no)		ZIP CODE		ANCESTRY—Mexican, Puerto Rican, Cuban, African, English, Irish-German, Hmong, etc. (Specify)		16. DECEDENT'S EDUCATION (Specify only highest grade completed)	
YES		59840		GERMAN-SWEDISH		Elementary/Secondary (0-12) College (1-4 or 5 +)	
14e.		14f.		15.		1	
FATHER'S NAME (First, Middle, Last)				MOTHER'S NAME (First, Middle, Maiden Surname)			
ARTHUR ANDERSON				EDITH BELLENDORFF			
INFORMANT NAME (Type/Print)				MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)			
JOHN CHARLES COOTS (SON)				HC 33 Box 39 Conner, Montana 59827			
METHOD OF DISPOSITION				PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)			
<input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State				DALY-LEACH CREMATORY-HAMILTON, MONTANA			
SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER PERSON IN CHARGE OF DISPOSITION				MONTANA LICENSE NUMBER (of Licensee)		NAME AND ADDRESS OF FACILITY	
EDDIE G. LEACH <i>Eddie G. Leach</i>				#315		DALY-LEACH CHAPEL 1010 W. MAIN HAMILTON, MONTANA 59840	
23. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. (See Instructions on other side)							
IMMEDIATE CAUSE (Final disease or condition resulting in death)							
a. <i>Main Organ Failure</i>							
DUE TO (OR AS A CONSEQUENCE OF):							
b. <i>Aspiration Pneumonia</i>							
DUE TO (OR AS A CONSEQUENCE OF):							
c. <i>Metastatic Endometrial Cancer</i>							
DUE TO (OR AS A CONSEQUENCE OF):							
d.							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.							
WAS AN AUTOPSY PERFORMED? (Yes or no)				24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)			
24a. NO				24b. NO			
WAS CASE REFERRED TO CORONER? (Yes or no)				25. NO			
26. MANNER OF DEATH		DATE OF INJURY (Month, Day, Year)		TIME OF INJURY (Yes or no)		INJURY AT WORK? (Yes or no)	
<input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation		27a.		27b. M		27c.	
<input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined		27a.		27b.		27c.	
<input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		27e.		27b.		27c.	
27e.		27b.		27c.		27d.	
27e.		27b.		27c.		27d.	
28a. TO BE COMPLETED BY CERTIFYING PHYSICIAN ONLY. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.				29a. TO BE COMPLETED BY CORONER ONLY. On the basis of examination and/or investigation in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated.			
Signature and Title				Signature and Title			
DATE SIGNED (Month, Day, Year)				DATE SIGNED (Month, Day, Year)			
28b. 2/18/92				29b. 2/18/92			
28c. 1525				29c. M			
NAME OF ATTENDING PHYSICIAN (OTHER THAN CERTIFIER) (Type or Print)				DATE PRONOUNCED DEAD (Month, Day, Year)			
28d. Rebecca S. Anderson M.D.				29d. February 18, 1992			
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) (Type or Print)				PRONOUNCED DEAD (Hour)			
30. Rebecca S. Anderson M.D. 2831 Ft. Missoula Road Missoula, Mt. 59801				29e. M			
LOCAL REGISTRAR'S SIGNATURE				DATE FILED (Month, Day, Year)			
31a. Linda S. Crowley <i>Linda S. Crowley</i>				31b. February 18, 1992			

CLERK & RECORDER