

FILED JUL 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18550

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 4026 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Purdy</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Purdy</u>	
c. LENGTH OF STAY (in this place) <u>5 years</u>		d. STREET ADDRESS (If rural, give location) <u></u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u></u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Floyd</u>	b. (Middle) <u>C</u>	c. (Last) <u>Combs</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>June 28 1949</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov 8 1900</u>	9. AGE (in years) (last birthday) <u>48</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>20</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
--------------------	-------------------------------	---	------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	11. BIRTHPLACE (State or foreign country) <u>McDowell Barry Co</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	--	--

13a. FATHER'S NAME <u>Charles Combs</u>	13b. MOTHER'S MAIDEN NAME <u>Mula Reed</u>	14. NAME OF HUSBAND OR WIFE <u>Helen Mcnatt Combs</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes World War I</u>	16. SOCIAL SECURITY NO. <u>404-01-9730</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Helen (Mcnatt) Combs Purdy Mo</u>	ADDRESS <u></u>
--	--	--	-----------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myo Carditis</u>		
	ANTECEDENT CAUSES <u>with edema</u>		
	DUE TO (b) _____		
	DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		<u>1/30/2</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from 6-1, 1949, to 6-28, 1949, that I last saw the deceased alive on 6-28, 1949, and that death occurred at 2:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>JTBaldwin</u>	23b. ADDRESS <u>Purdy Mo</u>	23c. DATE SIGNED <u>6-30-49</u>
---	------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 3rd</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Purdy Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Purdy Mo</u>
---	---------------------------	--	---

DATE REC'D BY LOCAL REG. <u>7-1-49</u>	REGISTRAR'S SIGNATURE <u>w. m. west</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Bennett &amp; Warrington</u>	ADDRESS <u>Funeral Home</u>
--	---	---	-----------------------------

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,  
District File Number 749-737  
Date Filed 7-2-49

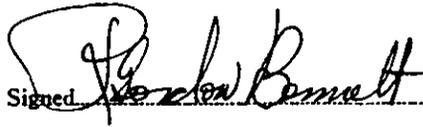
**STATEMENT BY LICENSED EMBALMER**

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.

Signed \_\_\_\_\_



Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4213

P. O. Address Monett, Missouri

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 this body is not embalmed, fact should be so stated above.