

FILED JAN 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 693

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 9

93 50

1 PLACE OF DEATH  
a. COUNTY **Winklin**  
b. CITY (If outside corporate limits, write RURAL and give town) **Kennett**  
c. LENGTH OF STAY (in this place) **25 yrs**  
d. FULL NAME OF HOSPITAL OR INSTITUTION **710 N. Vandeventer**

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Mo.** b. COUNTY **Winklin**  
c. CITY (If outside corporate limits, write RURAL and give township) **Kennett Mo.**  
d. STREET ADDRESS **710 N. Vandeventer St.**

3. NAME OF DECEASED  
a. (First) **Stella** b. (Middle) **Belle** c. (Last) **McCombs**  
4. DATE OF DEATH (Month) (Day) (Year) **Jan. 15-50**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Nov. 3-1894** 9. AGE (In years last birthday) **55** IF UNDER 1 YEAR Months **2** Days **12** IF UNDER 24 HRS. Hours **12** Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **X** 11. BIRTHPLACE (State or foreign country) **Stoddard County Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **John Moore** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Floyd Mc Combs**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) **X** (If yes, give war or dates of service) **X** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **Floyd McCombs** ADDRESS **710 N. Vand. Kennett**

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  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Chronic Myocarditis**  
ANTECEDENT CAUSES  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **Chronic Pulmonary Tuberculosis**  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS:  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **6 mo.**

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **Dec. 20 1949** to **Jan 15 1950**, that I last saw the deceased alive on **Jan 15 1950**, and that death occurred at **11:20 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE **John E. Quinn** (Degree or title) **D. O.** 23b. ADDRESS **Kennett Mo. 710** 23c. DATE SIGNED **Jan 17-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **1-17-50** 24c. NAME OF CEMETERY OR CREMATORY **Oak Ridge Cemetery** 24d. LOCATION (City, town, or county) (State) **Kennett Mo.**

DATE REC'D BY LOCAL REG. **1-17-50** REGISTRAR'S SIGNATURE **Carl Husband** 25. FUNERAL DIRECTOR'S SIGNATURE **Henry Perwez** ADDRESS **Kennett Mo.**

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

(Licensed Embalmer's Statement on Reverse Side)

Rec. DUNKLIN COUNTY HEALTH DEPARTMENT  
KENNETT, MISSOURI 1-23-5  
County File No. 150-32

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 .....  
Student Embalmer

Signed

*Edgar Lee Ford*

Licensed Embalmer No. 4433

P. O. Address Kennett 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 this body is not embalmed, fact should be so stated above.