

No. 300
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FILED JAN 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2079

BIRTH NO.		REG. DIST. NO. 280		PRIMARY REG. DIST. NO. 6-958		Registrar's No. 7	
1. PLACE OF DEATH a. COUNTY <u>Platte</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Leona Township</u>		c. LENGTH OF STAY (In this place) <u>16 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Township</u>		0630 0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>9 miles North West of Smithville</u>				d. STREET ADDRESS (If rural, give location) <u>9 miles Northwest of Smithville</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u>		b. (Middle) <u>FRANKLIN</u>		c. (Last) <u>McComas</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 10, 1950</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>Oct. 19, 1883</u>	
9. AGE (In years last birthday) <u>66</u>		10. MONTHS <u>2</u>		11. DAYS <u>21</u>		IF UNDER 1 YEAR Hours Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>Platte County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>William McComas</u>		13b. MOTHER'S MAIDEN NAME <u>Maggie Simpson</u>	
13c. NAME OF HUSBAND OR WIFE <u>Louie Wingo McComas</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Louie McComas</u>				ADDRESS <u>Platte City, Mo. R.F.D.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>None</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrombia - Cerebral thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u>		DUE TO (c) <u>Hypertension</u>		<u>12 years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		<u>332x</u>	
19c. DATE OF OPERATION		19d. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 7, 1950</u> , to <u>Jan 10, 1950</u> , that I last saw the deceased alive on <u>Jan 7, 1950</u> , and that death occurred at <u>3:47</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Graham Parker, M.D.</u>				23b. ADDRESS <u>Platte City, Mo.</u>		23c. DATE SIGNED <u>1/11/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1/11/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Platte City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Platte City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Jan 11-50</u>		REGISTRAR'S SIGNATURE <u>Opelia Roelins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McComas Funeral Home</u>		ADDRESS <u>Smithville, Mo.</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 18

District Health Officer No. 8.

District File Number _____

Date Filed 1-18-50

APR 15 1963

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 AP

AP

Student Embalmer No. AP

working under my personal supervision.

Student AP
Student Embalmer

Signed [Signature]
1999

Licensed Embalmer No. 3940

P. O. Address Smithville, 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.