No. 300
10.48

FILED AUG 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25910

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 228

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
c. LENGTH OF STAY (in this place): 15 days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ADAIR
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KIRKSVILLE NB13
d. STREET ADDRESS (If rural, give location): UnKnown 0

3. NAME OF DECEASED (Type or Print): a. (First) OLIVER b. (Middle) THOMAS c. (Last) McCOMBS
4. DATE OF DEATH (Month) (Day) (Year): 8-22-50
5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: FEB. 4 1870
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SECTION HAND & FARMER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME: Abraham McCombs
13b. MOTHER'S MAIDEN NAME: Suzanna McVonough
14. NAME OF HUSBAND OR WIFE: Alice McCombs
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Nina Heilman Oskaloosa, Ia.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE CIRCULATORY FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 30 MIN

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) CARDIAC DECOMPENSATION — 15 DAYS
DUE TO (c) ARTERIO SCLEROSIS — 10 YEARS

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* NEPHROSIS — 6 MOS.

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 7500

22. *I hereby certify that I attended the deceased from* ~~FEB 4~~ AUG 7, *1950, to* AUG. 22, *1950, that I last saw the deceased alive on* AUG. 22, *1950, and that death occurred at* 2:50 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Vincent J. Strangio D.O. (Degree or title)
23b. ADDRESS: Community Nursing Home
23c. DATE SIGNED: Aug 22, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 24, 1950
24c. NAME OF CEMETERY OR CREMATORY: Yarrow Cemetery
24d. LOCATION (City, town, or county) (State): Yarrow Missouri

DATE REC'D BY LOCAL REG.: 8-24-50
REGISTRAR'S SIGNATURE: Nate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Albert Kinnier Macon

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: AUG 2 8 1950
DISTRICT HEALTH OFFICE #2
District File Number 8-50-1396
Date Filed: AUG 3 0 1950

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Albert Skinner

Signed.....
Student Embalmer

Licensed Embalmer No. 757

P. O. Address Macon Md

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.