

FILED SEP 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2201

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 336

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY OR TOWN INDEPENDENCE		c. CITY OR TOWN INDEPENDENCE 6484	
d. FULL NAME OF HOSPITAL OR INSTITUTION 917 So. NOLAND		d. STREET ADDRESS (If rural, give location) 917 South Noland	
3. NAME OF DECEASED (Type or Print) d. (First) MARY b. (Middle) AGNES c. (Last) COMBS		4. DATE OF DEATH (Month) (Day) (Year) AUGUST 25, 1950	
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH DEC. 15, 1866
9. AGE (In years if UNDER 1 year last birthday) Months Days 83 8 10		10. CITIZEN OF WHAT COUNTRY? MISSOURI U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Combs		13b. MOTHER'S MAIDEN NAME MARY Moddrell	
14. NAME OF HUSBAND OR WIFE deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Price Combs, Independence, Mo.		ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crancho Pneumonia INTERVAL BETWEEN ONSET AND DEATH 5 days ANTECEDENT CAUSES DUE TO (b) Arterio-sclerosis & senescence 2-year DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. H300	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION no 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) m.		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 May 23, 1950 , to Aug 25, 1950 , that I last saw the deceased alive on August 14, 1950 , and that death occurred at 11:10 m., from the causes and on the date stated above.			
23a. SIGNATURE W. Allen M.D. (Degree or title)		23b. ADDRESS Independence, Mo.	
23c. DATE SIGNED Aug 25, 1950			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 28, 1950	
24c. NAME OF CEMETERY OR CREMATORY Union Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	
DATE REC'D BY LOCAL REG. Aug 26, 1950		REGISTRAR'S SIGNATURE Amo S. Saino 354	
FUNERAL DIRECTOR'S SIGNATURE Joland Speaks		ADDRESS Independence, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

AUG 28 RECD

OFF
1951

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.

Signed.....
Student Embalmer

Student Embalmer No.
Signed *Goland Rosenkrantz*
Licensed Embalmer No. *3604*
P. O. Address *Indes 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.