

FILED SEP 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **30211**

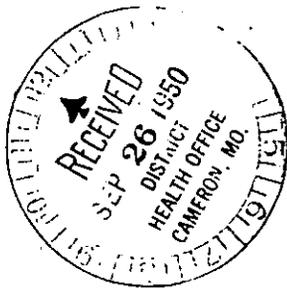
440
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BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4225 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oregon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Craig</u> <u>0440</u>	
c. LENGTH OF STAY (in this place) <u>22 days</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Brown Nursing Home</u>			
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>Blair</u>		b. (Middle) <u>Burl</u>	
c. (Last) <u>Combs</u>		Date: <u>September 19, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>	8. DATE OF BIRTH <u>September 25, 1880</u>
9. AGE (In years last birthday) <u>69</u>		10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		11. BIRTHPLACE (State or foreign country) <u>Craig, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John J. Combs</u>	
13b. MOTHER'S MAIDEN NAME <u>Louise Harrison</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. HAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Silas Combs - Fontescue, Mo.</u>		ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u>			
ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>4 WEEKS</u>	
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>SEPT. 14, 1950</u> , to <u>SEPT. 19</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Sept 13, 1950</u> , and that death occurred at <u>5</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>DR. H. E. Cullen</u>		23b. ADDRESS <u>Oregon, Mo.</u>	
23c. DATE SIGNED <u>SEPT 20 50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Sept. 22, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>D.O.O.F.</u>	
24d. LOCATION (City, town, or county) <u>Craig</u> (State) <u>Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Willie L. Schober - Craig, Mo.</u>	
25. ADDRESS _____		DATE REC'D BY LOCAL REG. <u>Sept 19, 1950</u>	
REGISTRAR'S SIGNATURE <u>D. J. Cary</u>		122	

(Licensed Embalmer's Statement on Reverse Side)

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



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.....

Myself
.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Wilber L. Scholer*
.....

Licensed Embalmer No. *3997*
.....

P. O. Address *Craig, 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.