

FILED OCT 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32771**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **5136** Registrar's No. **415**

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Harviell Township</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Harviell Township</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>5 miles Southwest of Harviell</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Emma</b> b. (Middle) <b>Ann</b> c. (Last) <b>Combs</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 13, 1950</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>March 22, 1872</b>	9. AGE (In years last birthday) <b>77</b>	10. IF MONTH: <b>6</b> IF MONTH: <b>21</b> IF MONTH: <b>Min.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (State or foreign country) <b>Harviell, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>					

13a. FATHER'S NAME <b>John Epps</b>		13b. MOTHER'S MAIDEN NAME <b>Patsy Brannum</b>		14. NAME OF HUSBAND OR WIFE <b>W. R. Combs</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Roy Combs Harviell, Mo.</b>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Subarachnoid hemorrhage</b> ANTECEDENT CAUSES <b>Hypertension</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>None</b> DUE TO (c) <b>Myocardial infarct</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4 1/2 hrs</b>
---	--	--	--	--	--

19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>None</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>None</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>None</b>	

22. I hereby certify that I attended the deceased from **Oct 9, 1950**, to **Oct 13, 1950** that I last saw the deceased alive on **Oct 11, 1950**, and that death occurred at **12 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. E. Hutton, M.D.</b>		23b. ADDRESS <b>Naylor, Mo.</b>		23c. DATE SIGNED <b>Oct 16 50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct. 15, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Cochran Cemetery</b>	
		24d. LOCATION (City, town, or county) (State) <b>Butler County Mo.</b>			

DATE REC'D BY LOCAL REG. <b>Oct 16 1950</b>		REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b> <b>428</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Gish Funeral Home Naylor, Mo.</b>	
--	--	---	--	--	--

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

RECEIVED

OCT 25 1950  
BUTLER CO. HEALTH CENTER

FILE No. 1050-440

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 \_\_\_\_\_

Charles Mc Carthy

working under my personal supervision.

Student Embalmer No. 387

Signed Charles Mc Carthy  
Student Embalmer

Signed Susan Mc Conn

Licensed Embalmer No. 4079

P. O. Address Way in 715

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.