

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22000**

FILED AUG 15 1951

BIRTH NO. _____ REG. DIST. NO. **27** PRIMARY REG. DIST. NO. **3005** Registrar's No. **63**

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give town or township) Butler		c. CITY (If outside corporate limits, write RURAL and give township) Butler	
d. FULL NAME OF HOSPITAL OR INSTITUTION 200 W. Ft. Scott St.,		d. STREET ADDRESS (If rural, give location) 200 W. Ft. Scott St.,	

3. NAME OF DECEASED (Type or Print)	a. (First) Richard	b. (Middle) ----	c. (Last) Combs	4. DATE OF DEATH (Month) (Day) (Year) Aug. 3, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Nov. 14, 1861	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Month 8 Day 17	IF UNDER 1 HR. Hours --- Min. ---
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY ----		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Levy Combs	13b. MOTHER'S MAIDEN NAME Minerva	14. NAME OF HUSBAND OR WIFE Alzoa Combs--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. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Allen V. Morgan--Kansas City, Mo.

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Extreme malnutrition		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerotic heart disease DUE TO (c) Chronic liver failure		
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 4/200	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **July 2, 1951**, to **Aug 3, 1951**, that I last saw the deceased alive on **8/3**, 1951, and that death occurred at **11 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Howard L. Kowalski M.D. (Degree or title)	23b. ADDRESS Butler, Mo.	23c. DATE SIGNED 8/4/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE August 4, 51	24c. NAME OF CEMETERY OR CREMATORY Oxhill Cemetery	24d. LOCATION (City, town, or county) (State) Butler, Missouri
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DATE REC'D BY LOCAL REG. Aug 9-4-51	REGISTRAR'S SIGNATURE Sundall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin Underwood Butler, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

071

RECEIVED 8-14-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-14-51

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 Harace G. Hill

Signed.....
Student Embalmer

Licensed Embalmer No. 4743

P. O. Address Butler, 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.