

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 17 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6084 Registrar's No. 134

1. PLACE OF DEATH  
a. COUNTY **Saline**  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Blackwater township**  
c. LENGTH OF STAY (in this place) **20 minutes**  
d. FULL NAME OF HOSPITAL OR INSTITUTION **Marshall Junction**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Iowa** b. COUNTY **Woodbury**  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Sioux City** **8140**  
d. STREET ADDRESS (If rural, give location) **1008 West 7th Street**

3. NAME OF DECEASED  
a. (First) **Benjamin** b. (Middle) **Gardner** c. (Last) **Comstock**

4. DATE OF DEATH **July 7th, 1951**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Never married**

8. DATE OF BIRTH **Nov. 3, 1896**

9. AGE (In years last birthday) **54**

10a. USUAL OCCUPATION (Give kind of work in the usual course of his life, even if retired) **House man**

10b. KIND OF BUSINESS OR INDUSTRY **Hotel**

11. BIRTHPLACE (State or foreign country) **Plymouth County, Iowa**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **William A. Comstock**

13b. MOTHER'S MAIDEN NAME **Mary Jane Post**

14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

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. **484-10-5653**

17. INFORMANT'S SIGNATURE OR NAME **George W. Comstock** ADDRESS **Sioux City, Iowa**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Coronary Occlusion**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. \_\_\_\_\_

INTERVAL BETWEEN ONSET AND DEATH  
**about 20 minutes**

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) **Sioux City, Woodbury, Iowa**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR \_\_\_\_\_

22. I hereby certify that I attended the deceased from **made an investigation July 7, 1951, 10**, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **11:27 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE **C. Lewis Corner** (Degree or title) **Saline Co. Marshall Mo.**

23b. ADDRESS \_\_\_\_\_ 23c. DATE SIGNED **7-7-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **July 9, 1951**

24c. NAME OF CEMETERY OR CREMATORY **Logan Park cemetery** 24d. LOCATION (City, town, or county) (State) **Sioux City, Iowa**

DATE REC'D BY LOCAL REG. **July 9-1951** REGISTRAR'S SIGNATURE **Sidney T. Gray**

25. FUNERAL DIRECTOR'S SIGNATURE **CAMPBELL-LEWIS-MARSHALL-MO.** ADDRESS \_\_\_\_\_

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

0970  
3

RECEIVED 7-16-51

DISTRICT HEALTH OFFICE No. 3

District File Number .....

Date Filed 7-16-51 .....

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.....  
Student Embalmer

Signed *James H. Lewis Jr.* .....

Licensed Embalmer No. *4709* .....

P. O. Address *Marshall, 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.