

FILED AUG 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

Dr. Carl G. Harrison  
 State File No. 29198

0980  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO.		REG. DIST. NO. 3251		PRIMARY REG. DIST. NO. 4476		Registrar's No. 251		
1. PLACE OF DEATH a. COUNTY <i>Schuyler</i>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Schuyler</i>				
b. CITY (If outside corporate limits, write RURAL and give township) <i>Downing</i>		c. LENGTH OF STAY (in this place) <i>all of life</i>		c. CITY (If outside corporate limits, write RURAL, and give township) <i>Downing 0980</i>		OR TOWN		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <i>8</i>				
3. NAME OF DECEASED (Type or Print) a. (First) <i>Charles</i> b. (Middle) <i>Cyrus</i> c. (Last) <i>Comstock</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Aug 15 1951</i>					
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <i>Nov. 5 1889</i>		
9. AGE (In years last birthday) <i>61</i>		IF UNDER 1 YEAR Months <i>9</i> Days <i>10</i>		IF UNDER 4 HRS. Hours <i></i> Min. <i></i>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired farmer</i>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Quincy, Ill</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>Paulard D. Comstock</i>			13b. MOTHER'S MAIDEN NAME <i>Sarah Morgan</i>			14. NAME OF HUSBAND OR WIFE <i>Mrs. Anna Comstock</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. Anna Comstock</i>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Stroke</i>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>  DUE TO (b)  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					INTERVAL BETWEEN ONSET AND DEATH <i>12 Hours</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF 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) <i>Downing Mo</i>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <i>8-14-51</i> , 19 <i>51</i> , to <i>8-15-51</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>8-15-51</i> , 19 <i>51</i> , and that death occurred at <i>10:30 P.M.</i> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <i>Carl G. Harrison M.D.</i>			23b. ADDRESS <i>Lawrence Mo</i>			23c. DATE SIGNED <i>8-17-51</i>		
24a. (BURIAL, CREMATION, REMOVAL) (Specify) <i>0</i>		24b. DATE <i>Aug 17-1951</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Downing Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Downing Mo</i>		
DATE REC'D BY LOCAL REG. <i>8/20/51</i>		REGISTRAR'S SIGNATURE <i>Mrs. A. P. Brodeur</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Luith B. Bacht</i>		ADDRESS <i>Marys 2</i>		

Date Received: **AUG 27 1951**  
DISTRICT HEALTH OFFICE #2  
District File Number *867-1505*  
Date Filed: **AUG 27 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 \_\_\_\_\_

..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed *J. Luth Jr* .....

Licensed Embalmer No. *4258* .....

P. O. Address *Humphreys* .....

**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.