

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

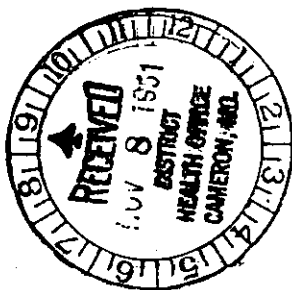
36214

State File No.

BIRTH NO.		REG. DIST. NO. <u>374</u>		PRIMARY REG. DIST. NO. <u>6275</u>		Registrar's No. <u>32</u>	
1. PLACE OF DEATH a. COUNTY <u>Worth</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Smith Township</u> <u>6275</u>				c. LENGTH OF STAY (In this place) <u>10 days</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hatfield - Rural</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Smith Township</u> <u>1130</u>			
				d. STREET ADDRESS (If rural, give location) <u>Allendale, Mo.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Rhoda</u>		b. (Middle) <u>Jane</u>		c. (Last) <u>Comer</u>	
4. DATE OF DEATH		(Month) <u>10</u>		(Day) <u>30</u>		(Year) <u>1951</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>9 21 1881</u>	
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR <u>1</u> Months <u>1</u> Days		IF UNDER 24 HRS. <u>0</u> Hours <u>0</u> Min.		11. BIRTHPLACE (State or foreign country) <u>Gentry County, Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housekeeping</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>William McNeese</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Stewart</u>		14. NAME OF HUSBAND OR WIFE <u>Allen Comer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Rolla Bryan Comer</u> ADDRESS <u>Maloy, Iowa</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombus</u> (b) <u>Had been bothered with pain on instant exertion for three weeks</u> (c) <u>Due to (b)</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u>October 30, 1951</u> to <u>October 30, 1951</u> , that I last saw the deceased alive on <u>October 30, 1951</u> , and that death occurred at <u>6:10 P.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>O. L. Lumberton, M.D.</u> (Degree or title)				23b. ADDRESS <u>Redding, Iowa</u>		23c. DATE SIGNED <u>11-1-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>11 2 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hickory Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mount Ayr, Iowa</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 5-1951</u>		REGISTRAR'S SIGNATURE <u>Keta E. Dawson</u> <u>345</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arch C. Sumpster</u>		ADDRESS <u>Grant City, Missouri</u>	

(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.....

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

Student
Student Embalmer

Signed Arch C. Dumble

Licensed Embalmer No. 3252

P. O. Address Grant City, Md.

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.