

5- No. 300
v. 10.48

FILED DEC 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36320

0070
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 20 PRIMARY REG. DIST. NO. 5080 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>Bates</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Deer Creek</u>		c. LENGTH OF STAY (in this place) <u>2 year</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Deer Creek Twp.</u>		d. STREET ADDRESS (If rural, give location) <u>Archie Mo. (3 mi. S.C.)</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>3 mi. S of Archie Mo.</u>			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLAY</u> b. (Middle) <u>URIAH</u> c. (Last) <u>COMFORT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 6 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 21-1894</u>	9. AGE (In years last birthday) <u>57</u>	10. <input type="checkbox"/> UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Willis Comfort</u>		13b. MOTHER'S MAIDEN NAME <u>Haweswell</u>		14. NAME OF HUSBAND OR WIFE <u>Olive Comfort Archie Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Oliver Comfort Archie Mo.</u>		
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) <u>Coronary occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH		
*This does not mean the cause of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					
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 <u>4201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u>3-20, 1948</u> , to <u>12-6, 1951</u> , that I last saw the deceased alive on <u>6-23, 1951</u> , and that death occurred at <u>1:30 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Harry B. Newland</u> (Degree or title)			23b. ADDRESS <u>Harrisonville, Mo.</u>		23c. DATE SIGNED <u>12-6-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Dec 8-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Orient Cem Harrisonville, Mo.</u>		24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>12-8-51</u>		REGISTRAR'S SIGNATURE <u>Myra Owens</u> 160		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hannenburg Harrisonville Mo.</u>	

B.N.

RECEIVED DEC 11 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed DEC 11 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 Ernest Rummelberger

Licensed Embalmer No. 3368

P. O. Address Harrisonville 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.