

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

377734

State File No. ....

FILED DEC 4 1951

BIRTH NO. _____		REG. DIST. NO. <u>120</u>		PRIMARY REG. DIST. NO. <u>5573</u> Registrar's No. <u>165</u>	
1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR Blue Springs TOWN <u>Shi-A-Bay</u> <u>INP</u>		c. LENGTH OF STAY (in this place) 21 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR Blue Springs, <u>0480</u> TOWN	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR Woods Chapel Road INSTITUTION			d. STREET ADDRESS (If rural, give location) Woods Chapel Road <u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) HAMILTON c. (Last) COMBS			4. DATE OF DEATH Nov. 14, 1951 (Month) (Day) (Year)		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 27, 1864	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months Days IF UNDER 10 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Minister		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kentucky	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Wm. P. Combs		13b. MOTHER'S MAIDEN NAME Elizabeth -	
14. NAME OF HUSBAND OR WIFE Gladys Gwynne Combs		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. No	
17. INFORMANT'S SIGNATURE OR NAME Blue Sp. ADDRESS Mo Mrs. Gladys Gwynne Combs, Woods Chapel Rd		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, asthma, etc. It means the disease, injury, or complication which caused death.  1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Prostate</u>  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. <u>Senility</u>  19a. DATE OF OPERATION 1949		19b. MAJOR FINDINGS OF OPERATION <u>inoperable prostate</u>  20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		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) none		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 _____, 19 <u>49</u> , to <u>Nov. 14</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Nov. 14</u> , 19 <u>51</u> , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Philip Paper</u> M.D.		23b. ADDRESS <u>Lee's Summit, Mo</u>		23c. DATE SIGNED <u>11-16-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <u>11/17/51</u>		24c. NAME OF CEMETERY OR CREMATORY Mt. Washington	
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE &amp; McCURE</u>		ADDRESS Kansas City, Missouri	
DATE REC'D BY LOCAL REG. <u>11-16-51</u>		REGISTRAR'S SIGNATURE <u>Donald C. Garaschew</u>		378	

(Licensed Embalmer's Statement on Reverse Side)

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

728 12 31

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.....

*J. S. Walton*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2744*

P. O. Address *K.C. 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.