

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

3807

State File No.

FILED FEB 13 1952

BIRTH NO.		REG. DIST. NO. <u>374</u>		PRIMARY REG. DIST. NO. <u>4549</u>		Registrar's No. <u>4</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>Allendale</u>		c. LENGTH OF STAY (in this place) <u>25 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Allendale</u> <u>1130</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>William</u>		a. (First) <u>Daniel</u>		c. (Last) <u>Combs</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 4 1952</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>9 13 1871</u>	
9. AGE (In years last birthday) <u>80</u>		10. UNDER 1 YEAR Months <u>5</u> Days <u>21</u>		11. BIRTHPLACE (State or foreign country) <u>Denver, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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 <u>retired farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Denver, Missouri</u>			
13a. FATHER'S NAME <u>Samuel T. Combs</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Armstrong</u>		14. NAME OF HUSBAND OR WIFE <u>Louise Combs</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>498-24-8306</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert Combs Allendale, Mo.</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>Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Cardiovascular Disease</u> 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 <u>6 weeks</u> <u>5 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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)			
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>1949</u> , to <u>2-4</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>2-3</u> , 19 <u>52</u> , and that death occurred at <u>2:4</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Frank B. Madison M.D.</u>				23b. ADDRESS <u>Grand City, Mo.</u>		23c. DATE SIGNED <u>2-7-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2 6 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Allendale Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Allendale, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 9 1952</u>		REGISTRAR'S SIGNATURE <u>John E. Dawson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John C. Dunfee</u>		ADDRESS <u>Grand City, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 26 1958

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
Student Embalmer

Student Embalmer No.

Signed.....

Arch C. Dumble

Licensed Embalmer No. *31252*

P. O. Address *Grant City, 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.