

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **21064**

FILED JUN 26 1952

REG. DIST. NO. **383** PRIMARY REG. DIST. NO. **5655** Registrar's No. **81**

0550

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

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give township) Mt. Vernon		c. CITY (If outside corporate limits, write RURAL and give township) Lamar	
c. LENGTH OF STAY (In this place) 630 days		d. STREET ADDRESS (If rural, give location) Route 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. State Sanatorium			

3. NAME OF DECEASED (Type or Print) a. (First) Jennie b. (Middle) c. (Last) Combs			4. DATE OF DEATH (Month) (Day) (Year) June 23, 1952		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 4-18-04			9. AGE (In years last birthday) 48		IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME John Brusha		13b. MOTHER'S MAIDEN NAME Fredericka Khrone		14. NAME OF HUSBAND OR WIFE Jack 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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruby Wilson Peck, Mt. Vernon, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis				INTERVAL BETWEEN ONSET AND DEATH abt. 34 mths	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. ANTECEDENT CAUSES					
		A. DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. B. DUE TO (c) _____ 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				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)		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 **10-1-** 19**50**, to **6-23** 19**52**, that I last saw the deceased alive on **6-23-** 19**52**, and that death occurred at **5:20a.m.**, from the causes and on the date stated above.

23a. SIGNATURE C.A. Brusha (Degree or title) M.D.		23b. ADDRESS Mt. Vernon, Mo.		23c. DATE SIGNED 6-23-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-23-52		24c. NAME OF CEMETERY OR CREMATORY Lamar, Mo.		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. 6-24-52		REGISTRAR'S SIGNATURE Cecil Hendricks		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank W. Denton Lamar, Mo.	
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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 Frank W. Denton

Licensed Embalmer No. 4581

P. O. Address Lamar, 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.