S. No. 300
V. 10.48

FILED SEP 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32389

State File No.

BIRTH NO. REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 214

1. PLACE OF DEATH
a. COUNTY Nodaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Maryville
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Nodaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Maryville - rural 0740
d. STREET ADDRESS (If rural, give location) 7 miles east

3. NAME OF DECEASED (Type or Print)
a. (First) RUBY
b. (Middle) ELIZABETH
c. (Last) COMBS

4. DATE OF DEATH (Month) 9 (Day) 16 (Year) 52

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 3/7/13
9. AGE (In years last birthday) 39 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Franklin, Kentucky
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Luther Carter
13b. MOTHER'S MAIDEN NAME Lilly Lowry
14. NAME OF HUSBAND OR WIFE Virgil Combs, dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Alice May Gaskill, Maryville, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatous cachexia — INTERVAL BETWEEN ONSET AND DEATH 1½ mo

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 Uterine fibroids

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 9/16/52
19b. MAJOR FINDINGS OF OPERATION Uterine fibroids 214x
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* 9-12, 1952, *to* Sept. 16, 1952, *that I last saw the deceased alive on* Sept. 16, 1952, *and that death occurred at* 9:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE R. F. Byland (Degree or title) M. D.
23b. ADDRESS Maryville, Missouri
23c. DATE SIGNED 9/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9/18/52
24c. NAME OF CEMETERY OR CREMATORY Oak Hill
24d. LOCATION (City, town, or county) (State) Maryville, Missouri

DATE REC'D BY LOCAL REG. 9-20-52
REGISTRAR'S SIGNATURE Bess Holt 229
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed John W. Price

Signed.....
Student Embalmer

Licensed Embalmer No. 4281

P. O. Address Maryville 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.