

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**34163**

State File No. ....

**FILED NOV 10 1952**

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY <b>Barton</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barton</b>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Iantha</b>			c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Iantha</b>			<b>0060</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>At home</b>				d. STREET ADDRESS (If rural, give location) <b>0</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>CORA</b>		b. (Middle) <b>WILLA</b>		c. (Last) <b>COMBY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 3 1952</b>					
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>		8. DATE OF BIRTH <b>Mar 9 1874</b>		9. AGE (In years last birthday) <b>78</b>	<table border="1" style="font-size: small;"> <tr> <td># UNDER 1 YEAR</td> <td># UNDER 10 MIN.</td> </tr> <tr> <td>Months <b>7</b> Days <b>24</b></td> <td>Hours <b></b> Min. <b></b></td> </tr> </table>	# UNDER 1 YEAR	# UNDER 10 MIN.	Months <b>7</b> Days <b>24</b>	Hours <b></b> Min. <b></b>
# UNDER 1 YEAR	# UNDER 10 MIN.										
Months <b>7</b> Days <b>24</b>	Hours <b></b> Min. <b></b>										
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>		11. BIRTHPLACE (State or foreign country) <b>Chamois, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>					
13a. FATHER'S NAME <b>Julius Comby</b>		13b. MOTHER'S MAIDEN NAME <b>Colotia Griffith</b>		14. NAME OF HUSBAND OR WIFE <b>XXXX</b>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>XXX</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. T. R. Palmer, Liberal, Missouri</b>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	<b>MEDICAL CERTIFICATION</b>										
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Massive Cerebral Hemorrhage</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs.</b>					
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Atherosclerosis</b>					<b>1 to 2 yrs.</b>					
	DUE TO (c) <b>Senility</b>										
	II. OTHER SIGNIFICANT CONDITIONS (Had felt severely ill for 24 to 48 hrs, but refused medical aid.)										
	Conditions contributing to the death but not related to the disease or condition causing death.										
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>331-X</b>				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) (Min.)		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 <b>Nov. 3, 1952</b> , to _____, 19____, that I last saw the deceased alive on <b>Nov. 3, 1952</b> , and that death occurred at <b>11:50 a. m.</b> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <b>M. H. Kneeland, D.O.</b>				23b. ADDRESS <b>Liberal, Mo.</b>		23c. DATE SIGNED <b>11-5-52</b>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>Nov 5 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Iantha Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Iantha, Missouri</b>						
DATE REC'D BY LOCAL REG. <b>NOV 5 - 1952</b>		REGISTRAR'S SIGNATURE <b>Marie Konantz</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Konantz Funeral Home,</b>		ADDRESS <b>Lamar, Mo.</b>					

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Frank W. Denton*

Signed.....

Student Embalmer

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.**