

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2077
Registrar's No. 1

FILED JAN 13 1953

REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655

1550
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Vernon</u>		c. LENGTH OF STAY (In this place) <u>24 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. State Sanatorium</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Strafford</u> <u>1390</u>	
d. STREET ADDRESS (If rural, give location) <u>Route 2</u>		3. NAME OF DECEASED a. (First) <u>Don</u> b. (Middle) <u>Comstock</u> c. (Last) <u>Comstock</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 8, 1953</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>7-12-07</u>	
9. AGE (In years last birthday) <u>45</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painting</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Painter</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John Phelps Comstock</u>	
13b. MOTHER'S MAIDEN NAME <u>Sophronia Simpson</u>		14. NAME OF HUSBAND OR WIFE <u>Mary L. Comstock</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ruby Wilson Peck, Mt. Vernon, Mo.</u>		ADDRESS	
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.		MEDICAL CERTIFICATION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary tuberculosis, miliary type</u> INTERVAL BETWEEN ONSET AND DEATH <u>about 3 mths</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>tuberculous kidney</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>002x</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>12-15-</u> , 19 <u>52</u> , to <u>1-8-53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1-8-</u> , 19 <u>53</u> , and that death occurred at <u>3:20p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Don Phelps M.D.</u> (Degree or title)		23b. ADDRESS <u>Mt. Vernon, Missouri</u>	
23c. DATE SIGNED <u>1-8-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-9-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Springfield Mo</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>1-10-53</u>		REGISTRAR'S SIGNATURE <u>Paul Hendricks</u>	
53		25. FUNERAL DIRECTOR'S SIGNATURE <u>Max L. Fournell</u> ADDRESS <u>Mt. Vernon Mo</u>	

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..... May L. Fossett

Signed.....
Student Embalmer

Licensed Embalmer No. 4252

P. O. Address. William No

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.