

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5808

State File No. 738

No. 300
10.48

FILED FEB 27 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE Kansas b. COUNTY Wyandotte | |
| b. CITY OR TOWN Kansas City | | c. CITY OR TOWN Kansas City | |
| c. LENGTH OF STAY (In this place) 10 days | | d. STREET ADDRESS (If rural, give location) 5901 Parallel Ave., | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital | | | |

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|---|------------------------|--|---|------------------------------------|-------------------------------------|------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) MURRAY b. (Middle) LEE c. (Last) COMBS | | | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 3 1953 | | | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>married</u> | 8. DATE OF BIRTH Aug. 26, 1875 | 9. AGE (In years last birthday) 77 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Mins. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Bridge and Building Carpenter | | 10b. KIND OF BUSINESS OR INDUSTRY U.P.R.R. | 11. BIRTHPLACE (City and State or Foreign Country) Lamar, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |

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| 13a. FATHER'S NAME William Combs | 13b. MOTHER'S MAIDEN NAME Ladora Alice Timmonds | 14. NAME OF HUSBAND OR WIFE Ella Sutton Combs |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME X Mrs. Murray L. Combs wife | ADDRESS |
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| 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. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolus | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Post-operative DUE TO (c) Diabetes mellitus Hypertensive heart disease | | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 45 | |

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| 19a. DATE OF OPERATION 1-31-53 | 19b. MAJOR FINDINGS OF OPERATION Gangrene of right foot - arteriosclerosis | 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) 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

| | | |
|---|---------------------------------|--|
| 23a. SIGNATURE Angelo Lapi (Dress or title) <u>Angelo Lapi M.D. autopsy</u> | 23b. ADDRESS 101 Memorial Drive | 23c. DATE SIGNED 2-3-53 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE Feb. 5-53 | 24c. NAME OF CEMETERY OR CREMATORY Highland Park Cemetery |
| | | 24d. LOCATION (City, town, or county) (State) Kansas City, Kans. |

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|---------------------------------|---------------------------------------|--|----------------|
| DATE REC'D BY LOCAL REG. 2-4-53 | REGISTRAR'S SIGNATURE Geraldine Smith | 25. FUNERAL DIRECTOR'S SIGNATURE Werner Mortuary | ADDRESS K.C.K. |
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(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

John Chick Werner

Licensed Embalmer No. 2598

P. O. Address Kansas City, Kansas

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.