

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14842**

FILED APR 30 1953

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4272 Registrar's No. 28

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

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Iowa b. COUNTY Deleware	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waverly		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Manchester Iowa. 8140	
c. LENGTH OF STAY (In this place) 3 Weeks		d. STREET ADDRESS (If rural, give location) 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Howard	b. (Middle) Boyd	c. (Last) Commerford	4. DATE OF DEATH (Month) (Day) (Year) 4-23-53
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 9th, 1870	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 8 Days 14	IF UNDER 2 HRS. Hours 14 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Undertaker		10b. KIND OF BUSINESS OR INDUSTRY F. Business		11. BIRTHPLACE (State or foreign country) Iowa.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Commerford	13b. MOTHER'S MAIDEN NAME Clara Clark.	14. NAME OF HUSBAND OR WIFE Grace Commerford
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 481-16-6700	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Jordan Kelling (Waverly Mo.)
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 mo +
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) adenocarcinoma of mesenteric glands		
	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 Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 1/20/53	19b. MAJOR FINDINGS OF OPERATION same as No 1	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 152X
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 **Dec 1952** to **April 23, 1953**, that I last saw the deceased alive on **April 23, 1953**, and that death occurred at **7:20 PM**, from the causes and on the date stated above.

23a. SIGNATURE Jordan Kelling M.D. (Degree or title)	23b. ADDRESS Waverly, Mo	23c. DATE SIGNED 7/63/53
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24a. BURIAL CREMATION, REMOVAL (Specify) Removal	24b. DATE 4-24-53	24c. NAME OF CEMETERY OR CREMATORY Oakland Cem	24d. LOCATION (City, town, or county) (State) Manchester Iowa
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DATE REC'D BY LOCAL REG. April 23-1953	REGISTRAR'S SIGNATURE Clayton H. Landrum	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Marshall F. Home (Carrollton 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 R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton 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.