

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28100

FILED SEP 8 - 1953

State File No.

BIRTH NO. 50502 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 251

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY OR TOWN <u>Jefferson City</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Osage Beach</u>	<u>0150</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		d. STREET ADDRESS <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Francis</u> b. (Middle) <u>LeRoy</u> c. (Last) <u>Combs</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept.</u> <u>4</u> <u>1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Sept. 4, 1953</u>		9. AGE (In years last birthday) <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant.</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson City, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>unk</u>	13b. MOTHER'S MAIDEN NAME <u>Leverene Combs</u>	14. NAME OF HUSBAND OR WIFE <u>Miss K.F. Drasky</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>
17. INFORMANT'S SIGNATURE OR NAME <u>Miss K.F. Drasky</u>		ADDRESS <u>Osage Beach Mo</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature Birth</u>		DUPLICATE		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <u>(7 mos)</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUPLICATE		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	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 Sept 4, 1953, to Sept 4, 1953, that I last saw the deceased alive on Sept 4, 1953, and that death occurred at 9:12 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Jeff. City - Mo.</u>	23c. DATE SIGNED <u>9-5-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Sept 5, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Harper Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Osage Beach Mo</u>
DATE REC'D BY LOCAL REG. <u>Sept 5-53</u>	REGISTRAR'S SIGNATURE <u>R.P. Davis MD-MR.</u>	2. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Buescher</u> ADDRESS <u>Jefferson City Mo.</u>	

(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

Victor Burscher

Licensed Embalmer No. 3701

P. O. Address *Jefferson City, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.