

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36888**

FILED OCT 20 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **6020** Registrar's No. **77**

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

1. PLACE OF DEATH a. COUNTY <b>Ray</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Ray</b>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Rural, Crooked River</b>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Hardin</b>	<b>0890</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1 mi. North of Hardin on antea</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>JENNIE</b>	b. (Middle) <b>DELLE</b>	c. (Last) <b>COMER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 9, 1953</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>MAY 23, 1883</b>	9. AGE (In years last birthday)	If UNDER 1 YEAR Months <b>4</b>	Days <b>9</b>	If UNDER 4 HRS. Hours <b>0</b>	Minutes <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Ray County, Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>JAMES W. PIERCE</b>	13b. MOTHER'S MAIDEN NAME <b>JESSIE MASON</b>	NAME OF HUSBAND OR WIFE <b>DAVID COMER</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>—</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Lee Jones</b>	ADDRESS <b>Hardin, Mo.</b>
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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 <b>instant</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Internal injuries</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>auto collision with truck.</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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <b>Auto collision</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Hardin Ray Mo</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>10-9-53-5P.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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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 (Degree or title) <b>John F. Baber, Coroner</b>	23b. ADDRESS <b>Richmond Mo</b>	23c. DATE SIGNED <b>10-10-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-12-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Hope Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Ray Co. Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Oct 12-1953</b>	REGISTRAR'S SIGNATURE <b>Malcolm Jackson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Knapchild &amp; Berechding</b>	ADDRESS <b>Hardin, Mo</b>
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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 August Beckwith

Licensed Embalmer No. 4678

P. O. Address Harding 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.