

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38005**

FILED NOV 4 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **336** PRIMARY REG. DIST. NO. **6136** Registrar's No. **259**

1. PLACE OF DEATH  
a. COUNTY **Shannon**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)  
a. STATE **Missouri** b. COUNTY **Shannon**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Round Springs, Mo.** c. LENGTH OF STAY (In this place) **60 Years**

c. CITY OR TOWN **Round Springs Mo** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **None Spring Valley Hosp**

e. STREET ADDRESS (If rural, give location) **Rural 1010**

3. NAME OF DECEASED (Type or Print) a. (First) **Frank** b. (Middle) \_\_\_\_\_ c. (Last) **Comely**

4. DATE OF DEATH (Month) (Day) (Year) **Oct, 12 1953**

5. SEX **M**

6. COLOR OR RACE **W**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **Sept 27, 1872**

9. AGE (In years last birthday) **81** IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 1 HRs. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farming**

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (City and State or Foreign Country) **Indiana**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Vernon Comely**

13b. MOTHER'S MAIDEN NAME **Ella Bear**

14. NAME OF HUSBAND OR WIFE **Etta Comely**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NO**

16. SOCIAL SECURITY NO. **No**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Etta Comely Round Springs Mo**

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  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Coronary Occlusion**  
  
ANTECEDENT CAUSES  
DUE TO (b) **Arteriosclerosis with coronary thrombus formation**  
  
DUE TO (c) \_\_\_\_\_  
  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
**6hrs**  
  
**years (6hrs)**

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

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) **4201**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **10/12**, 19 **53**, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on **10/12**, 19 **53**, and that death occurred at **1:00 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Lucius F. Wilson D.O.** (Degree or title) \_\_\_\_\_

23b. ADDRESS **Eminence, Mo.**

23c. DATE SIGNED **10/24/53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **Oct 14 1953**

24c. NAME OF CEMETERY OR CREMATORY **Summers Cem,**

24d. LOCATION (City, town, or county) (State) **Eminence Mo**

DATE REC'D BY LOCAL OFFICE **NOV 5 1953** REGISTRAR'S SIGNATURE **Edgar A. Bridges**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Duncan Funeral Home Mtn View, Mo**

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

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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.....  
Signature of Student Embalmer

Signed *Joe P. Duncan*.....

Licensed Embalmer No. *432*.....

P. O. Address *Mt. View*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.