.S. No. 300
EV. 10.48

FILED NOV 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39618

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 30

0550

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

1. PLACE OF DEATH
a. COUNTY Lawrence
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mt. Vernon
c. LENGTH OF STAY (in this place) 60 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mo. State Sanatorium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Dunklin
c. CITY OR TOWN Kennett
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 600 W. Washington

036-2
1

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Floyd c. (Last) McComb

4. DATE OF DEATH (Month) (Day) (Year) 11 - 18 - 53

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 9 - 20 - 91
9. AGE (In years last birthday) 62 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipe Fitter
10b. KIND OF BUSINESS OR INDUSTRY Catapillar Tractor
11. BIRTHPLACE (City and State or Foreign Country) Co. Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George McComb
13b. MOTHER'S MAIDEN NAME Harriet Coleman
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 498-10-1045
17. INFORMANT'S SIGNATURE OR NAME San. records, Mo.S.S., Mt. Vernon, Mo. ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary hemorrhage — 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) Carcinomaof the lung abt. 8 months
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 163X
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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* 9- 19 -, 1953, *to* 11 - 18 -, 1953, *that I last saw the deceased alive on* 11 - 18, 1953, *and that death occurred at* 11:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE C E Hellweg M. D. (Degree or title)
23b. ADDRESS Mt. Vernon, Mo.
23c. DATE SIGNED 11-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 11-19-53
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) Kennett (State) Mo

DATE REC'D BY LOCAL REG. 11-19-53
REGISTRAR'S SIGNATURE Cecil Hendricks 411-0
25. FUNERAL DIRECTOR'S SIGNATURE May L Fossett ADDRESS Mt Vern Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Max L Fossett

Licensed Embalmer No. 425

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.