

STANDARD CERTIFICATE OF DEATH

State File No. **4019**  
Registrar's No. **273**

FILED MAR 15 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

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

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Parkview-Sunny Slope Home</b>		d. STREET ADDRESS (If rural, give location) <b>1320 Francis Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ADELLA</b> b. (Middle) _____ c. (Last) <b>COMER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 8 1954</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>		8. DATE OF BIRTH <b>September 15, 1879</b>	
				9. AGE (In years) (Month) (Day) (Year) <b>74</b>	
				11. BIRTHPLACE (State or foreign country) <b>Camden County, Missouri.</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>George Green</b>		13b. MOTHER'S MAIDEN NAME <b>Frances Moulder</b>		14. NAME OF HUSBAND OR WIFE <b>Arthur J. Comer</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, never unknown) (If yes, give type of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Ethel Maroz Loomis, Calif.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <b>unk.</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		DUPLICATE OF (b) <b>Arteriosclerotic Heart Disease</b>			" "	
DUPLICATE OF (c) <b>Generalized Arteriosclerosis</b>		DUPLICATE OF (d) <b>Fracture right leg, knee, &amp; femur</b>			" "	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>1-21-54</b>						

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4200 F</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Joseph Buchanan Missouri</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Jan 21, 1954 ? m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Had only one leg below knee, got out of wheel chair and fell.</b>	

22. I hereby certify that I attended the deceased from **3-3, 1954**, to **3-8, 1954**, that I last saw the deceased alive on **3-7, 1954**, and that death occurred at **12:15A m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>John Kirk M.D.</b>		23b. ADDRESS <b>Phy's &amp; Surg's Bldg. St. Joseph, Mo.</b>		23c. DATE SIGNED <b>3-9-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Mar. 11, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sweet Home Cemetery</b>	
		24d. LOCATION (City, town, or county) (State) <b>Ravenwood, Missouri.</b>			

DATE REC'D BY LOCAL REG. <b>Mar 12, 1954</b>		REGISTRAR'S SIGNATURE <b>Heather M. Allison</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Meierhoffer &amp; Feldman St. Joseph, Mo.</b>	
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(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 embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed John Roy Stamey

Licensed Embalmer No. 2435

P. O. Address St. Joseph

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.