

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8562**  
Registrar's No. **1092**

BIRTH NO. FILED **MAR 25 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>4636-E 7th</b>		e. STREET ADDRESS (If rural, give location): <b>4636 E 7th</b>	
3. NAME OF DECEASED (Type or Print) <b>GEORGE CARSON COMBS</b>		a. (First)	b. (Middle)
4. DATE OF DEATH (Month) (Day) (Year) <b>3-11-54</b>		5. SEX <b>male</b> 6. COLOR OR RACE <b>white</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>9/3/1882</b>	
9. AGE (In years last birthday) <b>72 7/1</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Care taker</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>NORTH West Hosp.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Ridgeway, Ill.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>		13a. FATHER'S NAME <b>Thomas Wellington</b>	
13b. MOTHER'S MAIDEN NAME <b>**** Bennett</b>		14. NAME OF HUSBAND OR WIFE <b>Ida L. Bolles Combs</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Philippine Isl, 10/3/1907</b>		16. SOCIAL SECURITY NO. <b>496-07-9174</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ida Combs</b>		ADDRESS <b>4636 E 7 K C Mo</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>10/15/1909 MEDICAL CERTIFICATION</b>		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) <b>Myocardial degeneration</b>			
DUE TO (c) <b>Arteriosclerosis</b>			
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"/>			
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 <b>3/11, 1954</b> , to <b>3/11, 1954</b> , that I last saw the deceased alive on <b>3/3, 1954</b> , and that death occurred at <b>2 A. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Galen V. Bilger</b> (Degree or title)		23b. ADDRESS <b>P.O. # 65182 Ave.</b>	
23c. DATE SIGNED <b>3/11/54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3/13/54</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>7th Washington</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas city mo.</b>	
DATE REC'D BY LOCAL REG. <b>3-11-54</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Smith</b>	
25. VITAL DIRECTOR'S SIGNATURE <b>John P. Sheil</b>		ADDRESS <b>K. C. Mo.</b>	

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.....  
Signature of Student Embalmer

Signed *J. H. P. Smith*

Licensed Embalmer No. 36

P. O. Address K C W

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.