

STANDARD CERTIFICATE OF DEATH

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY b. CITY St. Louis, Mo. c. LENGTH OF STAY 7 WKS. 2. USUAL RESIDENCE a. STATE Mo. b. COUNTY Audrain c. CITY OR TOWN Mexico d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital e. STREET ADDRESS 214 East Monroe

3. NAME OF DECEASED a. (First) STANLEY b. (Middle) THOMAS c. (Last) DES COMBS 4. DATE OF DEATH MARCH 31, 1954 5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married 8. DATE OF BIRTH Sept. 13, 1910 9. AGE 43 10a. USUAL OCCUPATION Taxi driver 10b. KIND OF BUSINESS OR INDUSTRY Transportation 11. BIRTHPLACE Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Eugene Des Combs 13b. MOTHER'S MAIDEN NAME Nell Thomas 14. NAME OF HUSBAND OR WIFE Eunice Burford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes 16. SOCIAL SECURITY NO. W. W. 24-1524-05-1329 17. INFORMANT'S SIGNATURE OR NAME Mrs. Eunice Des Combs - Mexico, Mo. ADDRESS

18. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hemangioblastoma (Benign) post op. MEDICAL CERTIFICATION ANTECEDENT CAUSES DUE TO (b) Acute pyelitis & cystitis II. OTHER SIGNIFICANT CONDITIONS

19a. DATE OF OPERATION 3/31/54 19b. MAJOR FINDINGS OF OPERATION Persistent cerebellum tumor 20. AUTOPSY? YES [X] NO []

21a. ACCIDENT SUICIDE HOMICIDE 21b. PLACE OF INJURY 21c. (CITY, TOWN, OR TOWNSHIP) 228X (COUNTY) (STATE)

21d. TIME OF INJURY 21e. INJURY OCCURRED WHILE AT WORK 21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from February 21, 1954, to March 31, 1954, that I last saw the deceased alive on March 31, 1954, and that death occurred at 9:55p m., from the causes and on the date stated above.

23a. SIGNATURE M.D. 23b. ADDRESS Barnes Hospital 23c. DATE SIGNED 3-31-54

24a. BURIAL, CREMATION, REMOVAL Removal 24b. DATE 4/1/54 24c. NAME OF CEMETERY OR CREMATORY Mineral Creek Cemetery 24d. LOCATION Leeton, Mo.

DATE REC'D BY LOCAL REG. APR 1 1954 REGISTRAR'S SIGNATURE Carl Smith Funeral Home, Mexico, Mo. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

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

MAY 26 1954

APR 21 1954

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 *Frank R Amaloug*.....

Licensed Embalmer No. 483

P. O. Address *St Charles*.....

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.