

FILED JUL 27 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26046

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6227 Registrar's No. 135

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Vernon</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u> |  |
| b. CITY: (If outside corporate limits, write RURAL and give township) <u>Deerfield</u> |  | c. CITY: (If outside corporate limits, write RURAL and give township) <u>Deerfield</u>   |  |
| c. LENGTH OF STAY (in this place) <u>44 yrs</u>  |  | d. STREET ADDRESS (If rural, give location) <u>Rural Route</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home - Rural Route</u>                   |  |  |  |

|   |                       |                             |           |   |
|---|-----------------------|-----------------------------|-----------|---|
| 3. NAME OF DECEASED<br>(Type or Print) <u>Charley</u> | a. (First) <u>"S"</u> | b. (Middle) <u>Comstock</u> | c. (Last) | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>July 20 1954</u> |
|---|-----------------------|-----------------------------|-----------|---|

|                    |                               |   |                                       |   |                                  |                                  |
|--------------------|-------------------------------|---|---------------------------------------|---|----------------------------------|----------------------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>Jan. 13, 1878</u> | 9. AGE (In years last birthday) <u>76</u> | IF OVER 1 YEAR<br>Months<br>Days | IF UNDER 1 YEAR<br>Hours<br>Min. |
|--------------------|-------------------------------|---|---------------------------------------|---|----------------------------------|----------------------------------|

|   |  |  |   |
|---|--|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u> | 11. BIRTHPLACE (State or foreign country) <u>Liberal, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|---|--|--|---|

|   |  |  |
|---|--|--|
| 13a. FATHER'S NAME <u>Albert Comstock</u> | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Florence Comstock</u> |
|---|--|--|

|  |                                     |  |         |
|--|-------------------------------------|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>none</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Charles Comstock - Deerfield, Mo.</u> | ADDRESS |
|--|-------------------------------------|--|---------|

|  |   |  |                                  |
|--|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Wooanary Angulosis</u>   | ANTECEDENT CAUSES   |  | <u>Acute</u>                     |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. |  | <u>10 yrs</u>                    |
|  | DUE TO (b) <u>Personaly Leliosis</u>  |  |                                  |
|  | 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 | 20. AUTOPSY?<br>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 Jan 10 1954 to July 20 1954, that I last saw the deceased alive on 18 July 1954, and that death occurred at 7:30 am from the causes and on the date stated above.

|  |  |                                    |
|--|--|------------------------------------|
| 23a. SIGNATURE <u>H. L. Cooper</u> (Degree or title) <u>MD</u> | 23b. ADDRESS <u>Fort Scott, Kansas</u> | 23c. DATE SIGNED <u>20 July 54</u> |
|--|--|------------------------------------|

|   |                                |  |  |
|---|--------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>July 23, 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Deerfield cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Deerfield, Missouri</u> |
|---|--------------------------------|--|--|

|   |  |  |                                |
|---|--|--|--------------------------------|
| DATE REC'D BY LOCAL REG. <u>7-23-1954</u> | REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl's Memorial Home</u> | ADDRESS <u>- Ft. Scott, Ks</u> |
|---|--|--|--------------------------------|

WRITE PLAINLY—USING UNFAADING 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *W. E. Kuntz*.....

Licensed Embalmer No *2080*.....

P. O. Address *Box 283 - Pittsott, K.*.....

**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.