

FILED JAN 5 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40283**

BIRTH NO.		REG. DIST. NO. <b>44</b>		PRIMARY REG. DIST. NO. <b>4062</b>		Registrar's No. <b>2</b>	
1. PLACE OF DEATH a. COUNTY <b>Caldwell</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Caldwell</b>			
b. CITY OR TOWN <b>Cowgill</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>Cowgill, Missouri</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <b>0130</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Nathan</b> b. (Middle) <b>Moore</b> c. (Last) <b>Comer</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12 26 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>12-10-1880</b>	
9. AGE (In years last birthday) <b>74</b>		10. UNDER 1 YEAR (Months) <b>0</b>		11. UNDER 1 YEAR (Days) <b>16</b>		12. UNDER 1 YEAR (Hours) <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Manager-- Ret.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retail Lumber yd</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Ray County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>George Comer</b>			13b. MOTHER'S MAIDEN NAME <b>Mildred Bullock</b>		14. NAME OF HUSBAND OR WIFE <b>Kathryn Comer</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>487-07-0712</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs N.M. Comer, Cowgill, Mo.</b> 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, ashenia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>cerebral hemorrhage</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  INTERVAL BETWEEN ONSET AND DEATH <b>sudden</b>							
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? <b>331X</b>					
22. I hereby certify that I attended the deceased from <b>Dec. 26, 1954</b> , to <b>Dec. 26, 1954</b> , that I last saw the deceased alive on <b>Dec. 25, 1954</b> , and that death occurred at <b>2.0</b> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Dr. Kilbourne M.D.</b>				23b. ADDRESS <b>Cowgill, Mo.</b>		23c. DATE SIGNED <b>12-29-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>12-29-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Hope</b>		24d. LOCATION (City, town, or county) (State) <b>Ray Count Missouri</b>	
DATE REC'D BY LOCAL REG. <b>1-1-55</b>		REGISTRAR'S SIGNATURE <b>Mrs. Ruth Ann Jurgens</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Cramer Clark, Kingston, Mo</b>		ADDRESS	

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

4361 52 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 *Cramer Clark*

Licensed Embalmer No. *32*

P. O. Address *Kingston*

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