

FILED SEP 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26080**Registrar's No. **3822**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. 3822			
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u>				b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>28 YR</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		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 <u>LAKE SIDE HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>3017 E. 19TH TERRACE</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOLA</u>			b. (Middle) <u>MAE</u>		c. (Last) <u>COMSTOCK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8 28 1955</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>		8. DATE OF BIRTH <u>NOV 26, 1909</u>		9. AGE (In years last birthday) <u>45</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LAUNDRESS</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>LAUNDRY</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>1</u> <u>KANSAS CITY, KANSAS</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Gus JOHNSON</u>			13b. MOTHER'S MAIDEN NAME _____			14. NAME OF HUSBAND OR WIFE <u>Grover William Comstock</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>"Inv."</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>X: Kenneth E. Comstock 520 W. 17th St. K.C. Mo.</u>					
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebratory Collapse</u> *ANTECEDENT CAUSES <u>Intestinal obstruction</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Carcinomatous</u>						INTERVAL BETWEEN ONSET AND DEATH <u>18 hr</u> <u>24 hr</u> <u>7</u>	
19a. DATE OF OPERATION <u>8/24/55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Massive carcinomatous</u>						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) (Min.)		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 <u>8/20/55</u> to <u>8/30/55</u> , that I last saw the deceased alive on <u>8/29/55</u> , 1955 and that death occurred at <u>12:30 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (In case of title) <u>Richard C. Check</u>				23b. ADDRESS <u>1127 A West - Reg. 190th</u>			23c. DATE SIGNED <u>8/30/55</u>		
23d. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-31-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Marys</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>8-31-55</u>		REGISTRAR'S SIGNATURE <u>Deva Marshall</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>B. C. Wickett, K.C. Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD
Richard C. Check

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..... *B. E. Weikert*

Licensed Embalmer No. *407*

P. O. Address *X. C. S.*

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.