

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **30407**

BIRTH NO. _____		REG. DIST. NO. 278		PRIMARY REG. DIST. NO. 5953		Registrar's No. 95	
1. PLACE OF DEATH a. COUNTY Pike				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pike			
b. CITY (If outside corporate limits, write RURAL and give town) Rural-Buffalo		c. LENGTH OF STAY (In this place) in-transit		c. CITY OR TOWN Louisiana		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: Highway 79				e. STREET ADDRESS (If rural, give location) 704 Georgia Street 0525			
3. NAME OF DECEASED (Type or Print) a. (First) DAVID			b. (Middle) IRISH		c. (Last) COOMBS		4. DATE OF DEATH (Month) (Day) (Year) SEPT. 9, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH July 12, 1927		9. AGE (In years last birthday) 28	IF UNDER 1 YEAR Months 1 Days 27	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Personnel Director		10b. KIND OF BUSINESS OR INDUSTRY International shoe		11. BIRTHPLACE (City and State or Foreign Country) Louisiana, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME David Coombs		13b. MOTHER'S MAIDEN NAME Ethel Irish		14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War II		16. SOCIAL SECURITY NO. 494-22-5781		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rev. David Coombs, Louisiana, Mo.			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken neck, Crushed right			INTERVAL BETWEEN ONSET AND DEATH 7
				ANTECEDENT CAUSES DUE TO (b) Chest, Trauma to heart			
				DUE TO (c) 8/16/55			
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Automobile accident - two car collision			
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION -				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SHOPE HOMEKIDNE accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 79		21c. (CITY, TOWN, OR TOWNSHIP) Louisiana (COUNTY) Pike (STATE) Mo			
21d. TIME OF INJURY Sept 9 55 8P m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? automobile accident			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased deceased on Sept 9, 1955 , and that death occurred at 8P m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. C. Muel				23b. ADDRESS Coronax 3 Traveling Home Mo		23c. DATE SIGNED 10 Sept 55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/12/55	24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery		24d. LOCATION (City, town, or county) (State) Louisiana, Missouri		
DATE REC'D BY LOCAL REG. Sept 13, 1955		REGISTRAR'S SIGNATURE Bernice Collier		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sterne Funeral Home, Louisiana, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48
0820

3

OCT 21 1956
OCT 21 1955
OCT 15 1955
OCT 6 1955
MAR 2 1952

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.....
Licensed Embalmer No. 464
P. O. Address Louisiana

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.