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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40721

FILED DEC 30 1955

State File No. 5372

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE CALIFORNIA b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) TANAGER CITY	c. LENGTH OF STAY (In this place) ✓	c. CITY OR TOWN LOOMIS	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		e. STREET ADDRESS (If rural, give location) ROUTE #2 8078	

3. NAME OF DECEASED (Type or Print) a. (First) HELEN b. (Middle) AILEEN c. (Last) McCOMAS	4. DATE OF DEATH (Month) (Day) (Year) DECEMBER-8-1955	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY HOME	8. DATE OF BIRTH DEC 23, 1896 59
11. BIRTHPLACE (City and State or Foreign Country) NEAR GRAIN VALLEY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JAMES JOHNSON	13b. MOTHER'S MAIDEN NAME MYRTLE DUNCAN	14. NAME OF HUSBAND OR WIFE ELDEN E McCOMAS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ELDEN E McCOMAS
		ADDRESS R. R. #2 LOOMIS CALIFORNIA

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		INTERVAL BETWEEN ONSET AND DEATH 3 mos
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tumor of Brain, Malignant left temporal lobe		
	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. 1931		

19a. DATE OF OPERATION 12-7-55	19b. MAJOR FINDINGS OF OPERATION Malignant glioma of left temporal lobe	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?

22. I hereby certify that I attended the deceased from 12-5, 1955, to 12-8, 1955, that I last saw the deceased alive on 12-8, 1955, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Donald F. Coburn	(Degree or title) b	23b. ADDRESS 411 Nichols Road Kansas City 12 Mo	23c. DATE SIGNED 12-9-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 10, 1955	24c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City Missouri
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DATE REC'D BY LOCAL REG. 12-10-55	REGISTRAR'S SIGNATURE newman	25. FUNERAL DIRECTOR'S SIGNATURE R. W. Hedcombs Sons & Co. Inc.	ADDRESS 1314 1/2 N. GREEN
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Richard L. Rogers*

Licensed Embalmer No. *495*

P. O. Address *L. E. No.*

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.