

FILED JAN 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **41485**BIRTH NO. _____ REG. DIST. NO. **254** PRIMARY REG. DIST. NO. **5867** Registrar's No. **6**

1. PLACE OF DEATH a. COUNTY Oregon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Oregon	
b. CITY (If outside corporate limits, write RURAL and give township) Thayer		c. CITY (If outside corporate limits, write RURAL and give township) Myrtle	
c. LENGTH OF STAY (In this place) 3 days		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Oba b. (Middle) Noel c. (Last) Combs			4. DATE OF DEATH (Month) (Day) (Year) November 19, 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 8-22-1896		9. AGE (In years last birthday) 59		10. UNDER 1 YEAR (Months) (Days) 2 27	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Myrtle, Missouri	
				12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME James Combs		13b. MOTHER'S MAIDEN NAME Donna Barton		14. NAME OF HUSBAND OR WIFE Ozella Combs	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I		16. SOCIAL SECURITY NO. 489-14-9723		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ozella Combs Myrtle, Missouri	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 6 hours
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Holzer's Disease		DUE TO (b) _____			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		201X			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from **June 1, 1955**, to **Nov 19, 1955**, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Cooper MD		23b. ADDRESS Thayer MO		23c. DATE SIGNED 1-7-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-21-1955		24c. NAME OF CEMETERY OR CREMATORY Cotton Creek Cemetery	
				24d. LOCATION (City, town, or county) (State) Oregon County, Missouri	

25. REC'D BY LOCAL REG. 1/8/55		REGISTRAR'S SIGNATURE Arthur Wolff		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thayer MO	
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(Licensed Embalmer's Statement on Reverse Side)

JAN 17 1958

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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

Student Embalmer

Signed

Richard Curtis

Licensed Embalmer No. 4016

P. O. Address Thayer

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.