

FILED JAN 10 1956 THE DIVISION OF HEALTH - MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **43240**

BIRTH NO. _____ REG. DIST. NO. **374** PRIMARY REG. DIST. NO. **4549** Registrar's No. **8**

1. PLACE OF DEATH a. COUNTY Worth		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Worth	
b. CITY (If outside corporate limits, write RURAL and give town) Allendale	c. LENGTH OF STAY (in this place) Life	c. CITY - OR TOWN Allendale	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) 1130	

3. NAME OF DECEASED (Type or Print) a. (First) Louisa		b. (Middle)		c. (Last) Combs		4. DATE OF DEATH (Month) (Day) (Year) October 1, 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH January 7, 1870		9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Allendale, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.	

13a. FATHER'S NAME E. J. Roberts		13b. MOTHER'S MAIDEN NAME Belle Pepper		14. NAME OF HUSBAND OR WIFE William D. Combs	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 498-24-8306B		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ruth McFadden - Allendale, Missouri	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Melanocarcinoma, multiple lesions		INTERVAL BETWEEN ONSET AND DEATH 18 mos	
		ANTECEDENT CAUSES Morbidity 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. 190X			

19a. DATE OF OPERATION 1 Apr 55	19b. MAJOR FINDINGS OF OPERATION Melanocarcinoma, ant chest wall and lt inguinal		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 **1 April, 1955**, to **Oct 1**, 1955, that I last saw the deceased alive on **Sept 30, 1955**, and that death occurred at **1:12 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE Frank B. Matheson, MD (Degree or title)		23b. ADDRESS Grant City, Mo		23c. DATE SIGNED 10-6-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 4, 1955	24c. NAME OF CEMETERY OR CREMATORY Allendale Cemetery	24d. LOCATION (City, town, or county) (State) Allendale, Missouri		
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DATE REC'D BY LOCAL REG. Jan. 2, 1956	REGISTRAR'S SIGNATURE Reta E. Dawson		25. FUNERAL DIRECTOR'S SIGNATURE Bill Dungee ADDRESS Grant City, Mo
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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 *Bill A. Dwyer*
Licensed Embalmer No.4

P. O. Address *Granville*

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