

FILED JAN 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2096

BIRTH NO. _____ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 5816 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY MORGAN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MORGAN					
b. CITY (If outside corporate limits, write RURAL and the township) OR TOWN FLORENCE		c. LENGTH OF STAY (in this place) 1 yr.		c. CITY (If outside corporate limits, write RURAL and the township) OR TOWN FLORENCE RURAL MOHAWK		10' 10"			
d. FULL NAME OF HOSPITAL OR INSTITUTION FLORENCE MO.				e. STREET ADDRESS 1 1/2 MILES NORTH OF STOVER FLORENCE MO.					
3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) EMMET c. (Last) COMBS			4. DATE OF DEATH (Month) (Day) (Year) JAN 9 1956						
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH APRIL 8 1874			
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM		11. BIRTHPLACE (State or foreign country) MORGAN COUNTY MO.		12. CITIZEN OF WHAT COUNTRY? U.S.			
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME J.J. COMBS			13b. MOTHER'S MAIDEN NAME MATILDA JONES			14. NAME OF HUSBAND OR WIFE SARA ELA 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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS GREGORY COMBS STOVER 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arteriosclerotic C-V disease 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. 4221				INTERVAL BETWEEN ONSET AND DEATH 1 week	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (m.)		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 New 1955, to Jan 1956, that I last saw the deceased alive on Jan 1956, and that death occurred at 11:15 P.M. from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) P. J. Siegel			23b. ADDRESS Smithton Mo			23c. DATE SIGNED 1/12/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN. 12 1956		24c. NAME OF CEMETERY OR CREMATORY FLORENCE		24d. LOCATION (City, town, or county) (State) FLORENCE MO			
DATE REC'D BY LOCAL REG. Jan 14 / 1956		REGISTRAR'S SIGNATURE John L. Ruppberg		25. FUNERAL DIRECTOR'S SIGNATURE J. H. Steinson		ADDRESS Stover Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

2710

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

J. H. Steinson

Licensed Embalmer No. 4073

P. O. Address Stover

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.