

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **33170**

FILED OCT 22 1956

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1109**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Caldwell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 11 days	c. CITY OR TOWN Nettleton
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Josephs Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) New York Township		0130 / 1	
3. NAME OF DECEASED (Type or Print) a. (First) Gertrude b. (Middle) Ellen c. (Last) Combs			4. DATE OF DEATH (Month) (Day) (Year) October 11, 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH November 23, 1904
9. AGE (In years last birthday) 51		9. AGE (In years) IF UNDER 1 YEAR Months 51 Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and State or Foreign Country) Caldwell County, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Edward Peter Combs	
13b. MOTHER'S MAIDEN NAME Freda Amelia Hartweg		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) No		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Lloyd Combs, ADDRESS Nettleton, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxemia, type undetermined		INTERVAL BETWEEN ONSET AND DEATH 5 days	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) malnutrition, severe	
DUE TO (c) _____		30 + yrs	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) Hypovitaminosis, multiple		30 + yrs	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____	2866
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 10/1, 1956 , to 10/11, 1956 , that I last saw the deceased alive on 10/10, 1956 , and that death occurred at 4:15 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE Donald J. Stallard M.D. (Degree or title)		23b. ADDRESS 902 Edmund St. City	23c. DATE SIGNED 10/12/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 13, 1956	24c. NAME OF CEMETERY OR CREMATORY New York Cemetery	24d. LOCATION (City, town, or county) (State) Caldwell County, Missouri
DATE REC'D BY LOCAL REG. Oct 17, 1956	REGISTRAR'S SIGNATURE Ethel M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE Meinlhofer Heinen Inc. ADDRESS St. Joseph, Mo.	

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

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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.....
Signature of Student Embalmer

Signed..... *L. J. Chaney*

Licensed Embalmer No. 4679.....

P. O. Address...St...Joseph, Mo.

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.