

FILED DEC 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41961

State File No.

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 5590 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>JEFF.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL BIG RIVER TWP.</u>	c. LENGTH OF STAY (in this place) <u>40 yrs</u>	c. CITY OR TOWN <u>GERMAN MO</u>	d. Is 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 <u>GERMAN MO</u>		e. STREET ADDRESS (If rural, give location) <u>0500</u>	

3. NAME OF DECEASED (Type or Print)		a. (First) <u>NICHOLAS</u>	b. (Middle) <u>M</u>	c. (Last) <u>KOMO</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12 11 56</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>SEPT 11-1877</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. MOTHER'S NAME <u>MARTIN KOMO</u>		13b. MOTHER'S MAIDEN NAME <u>MARIE HILDEBRAND</u>		14. NAME OF HUSBAND OR WIFE <u>BARBARA KOMO</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>BARBARA KOMO</u> ADDRESS <u>DRUMMER MO #1</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary</u>		
	DUE TO (c) <u>H2O.I.</u>		

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)		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 Jan 12th, 1956, to Dec 10th, 1956, that I last saw the deceased alive on Dec 10, 1956, and that death occurred at 9 A M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. B. Edwards</u> (Deputy or title) <u>M. W.</u>		23b. ADDRESS <u>CEDAR HILL MO</u>		23c. DATE SIGNED <u>12/17/56</u>	
--	--	-----------------------------------	--	----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Dec 14 56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST FRANCIS of Assisi</u>		24d. LOCATION (City, town, or county) (State) <u>LEUBBERRING MO.</u>	
DATE REC'D BY LOCAL REG. <u>12-12-56</u>		REGISTRAR'S SIGNATURE <u>Oliver Strickland</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DRUMMER Funeral Home House Springs Mo.</u>			

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

DEC 15 1956

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.....
John W. Brimmer

Licensed Embalmer No. *147*

P. O. Address *Home Springs*

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.