

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005429
STATE FILE NUMBER
896

FILED MAR 10 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

300
-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5544 Highland		Length of stay in 1b 27 yrs	d. STREET ADDRESS 5544 Highland
3. NAME OF DECEASED (Type or print) CHARLES E. COMBS			4. DATE OF DEATH Month 2 Day 18 Year 58
5. SEX Male	6. COLOR OR RACE Wh	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-5-1901
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Farm Dairy	9. AGE (In years) 58 33
11. BIRTHPLACE (City and state or country) Central, Arizona		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles L. Combs		13b. MOTHER'S MAIDEN NAME Emma R. Shurtz	14. NAME OF HUSBAND OR WIFE Alice L. Combs
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No xx		16. SOCIAL SECURITY NO. 495-03-4137	17. INFORMANT COMBS Address Mrs. Alice L. Combs, 5544 Highland
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion - recurrent. DUE TO (b) Unknown DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH Budden June 56 4201
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 6-25-56 to 2/19/58 and last saw her alive on 1-28-58 Death occurred at 7:30 P.M. 2/19/58 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Lee H. Leger M.D.		22b. ADDRESS 731 Cameron St. Kansas City Mo.	22c. DATE SIGNED 2/19/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-21-58	23c. NAME OF CEMETERY OR CREMATORY Mt. Washington	23d. LOCATION (City, town, or county) (State) Kansas City Mo.
24. FUNERAL DIRECTOR Wagner Funeral Home, K.C. Mo		25. DATE RECD. BY LOCAL REG. 2-19-58	26. REGISTRAR'S SIGNATURE Irene Marshall

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

Lee H. Leger

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE



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 *Thomas D. Fuller*

Licensed Embalmer No. *4995*
P. O. Address *K.C., 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.