

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-008763  
STATE FILE NUMBER

FILED APR 15 1958

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Butler</u>		c. CITY OR TOWN <u>Butler</u>	
c. FULL NAME OF (If not hospital, give location) HOSPITAL OR INSTITUTION <u>Butler Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>405 W. Ft. Scott</u>	

3. NAME OF DECEASED (Type or print) First <u>Walter</u> Middle <u>---</u> Last <u>McComb</u>			4. DATE OF DEATH Month <u>March</u> Day <u>11</u> Year <u>1958</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>8-14-1868</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Bates Co., Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Lewis McComb</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jane</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth E. McComb</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Mrs. Bessie Wallace</u>	Address <u>Butler, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute pulmonary edema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>one hour</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>left side heart failure</u>	<u>3 years.</u>
	DUE TO (c) <u>coronary artery disease</u>	<u>5 years.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>cardiac asthma of two year's duration.</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.) <u>2</u>
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20c. TIME OF INJURY Hour <u>9:30</u> Month, Day, Year <u>p.m.</u>	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 <u>Butler, Mo.</u>	COUNTY <u>Butler</u>	STATE <u>Mo.</u>
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21. I attended the deceased from <u>May 19 1940</u> to <u>Mar. 11th '58</u> and last saw <u>him</u> alive on <u>March 11th '58</u> Death occurred at <u>9:30 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>L. S. Lathrop, M.D.</u> (Degree or title)	22b. ADDRESS <u>Wyne's Bldg., Butler, Mo.</u>	22c. DATE SIGNED <u>Mar. 12 '58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-13-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oakhill Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Butler, Mo.</u>
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24. FUNERAL DIRECTOR <u>Culver-Underwood</u>	ADDRESS <u>Butler, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Mar. 13-1958</u>	26. REGISTRAR'S SIGNATURE <u>Kendall Kerney</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300  
27  
0

28  
41

ALL DISEASES IN PART I MUST BE CAUSALLY RELATED.

17  
1

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 *Robert D. Sturibeech*

Licensed Embalmer No. *4657*  
P. O. Address *Butler, Pa*

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.