

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014123

STATE FILE NUMBER

1715

FILED APR 22 1958

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

300
-57

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Gen. Hosp #1</u>		Length of stay in lb <u>42 yrs</u>	d. STREET ADDRESS <u>3689 Summit</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>James Johnston Combs</u>			4. DATE OF DEATH Month Day Year <u>4 - 2 - 58</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>5-27-1884</u>	9. AGE (In years last birthday) <u>73</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telegrapher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Western Union</u>	11. BIRTHPLACE (City and state or country) <u>College Hill Kty</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Dr. Robert Combs</u>		13b. MOTHER'S MAIDEN NAME <u>Georgia Johnston</u>		14. NAME OF HUSBAND OR WIFE <u>Isabella Combs</u>		
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>487-10-3089</u>	17. INFORMANT Address <u>Isabella Combs 3689 Summit</u>			
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>Subdural Haematomas</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2940</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Both legs amputated below knees</u>					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter date of injury in PART I or PART II of item 18.) <u>fell in home</u>				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. <u>3:28-58</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		
20f. CITY, TOWN, OR LOCATION <u>Kansas City</u>		COUNTY <u>Jackson</u>		STATE <u>MO</u>		
21. I attended the deceased from _____, to _____, and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <u>Hugh H. Owens</u>			22b. ADDRESS <u>1034 Riatta Bldg</u>		22c. DATE SIGNED <u>4-3-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-4-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>		23d. LOCATION (City, town, or county) (State) <u>K.C. Mo</u>		
24. FUNERAL DIRECTOR <u>B.F. Weilert</u>		ADDRESS <u>K.C. Mo</u>	25. DATE RECD. BY LOCAL REG. <u>4-3-58</u>	26. REGISTRAR'S SIGNATURE <u>neva minshall</u>		

MEDICAL CERTIFICATION
OWNERS USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
All diseases in Part I must be causally related.

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 *D. E. Weiler*

Licensed Embalmer No. *4095*
P. O. Address *No. 8110*

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.