

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017265  
STATE FILE NUMBER

FILED JUN 9 1958 Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 56

S. 300  
r. 1-57

1. PLACE OF DEATH a. COUNTY Barton			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lamar		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital		Length of stay in 1b 2 mo, 5 da	d. STREET ADDRESS (If outside, give location) 201 E- 10th		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ORIN PRESTON COMBS			4. DATE OF DEATH Month Day Year June 6 1958		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan 4 1874	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Feed & Coal Dealer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Lamar, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Thomas H. Combs		13b. MOTHER'S MAIDEN NAME Harriett Shaw		14. NAME OF HUSBAND OR WIFE Grace L. Davis	
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 Address J. Carrol Combs, Lamar, Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Embolism</i> DUE TO (b) <i>Myocardial Fibrillation</i> DUE TO (c) <i>Arteriosclerosis, Heart Disease</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease conditions given in PART I (a) <i>Senility &amp; Encephalomalacia</i>					INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i> <i>3 yrs</i> <i>5 years</i>
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 <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 <i>June 19 58</i> to <i>June 6 58</i> and last saw her alive on <i>June 6 58</i> Death occurred at <i>2:40</i> a. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Doctor or title) <i>Herbert M. Arnold, M.D.</i>			22b. ADDRESS <i>Lamar, Missouri</i>		22c. DATE SIGNED <i>6-7-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>June 8 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Lake</i>		23d. LOCATION (City, town, or county) (State) <i>Lamar, Missouri</i>
24. FUNERAL DIRECTOR ADDRESS <i>Konantz Funeral Home, Lamar, Missouri</i>			25. DATE RECD. BY LOCAL REG. <i>JUN 7 58</i>	26. REGISTRAR'S SIGNATURE <i>Marie Konantz</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 *Norman L. Thompson* .....

Licensed Embalmer No. *4816* .....

P. O. Address *Lamar, 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.