

11 DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 17 1959

59-028836

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 201

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Henry			
b. CITY (If outside corporate limits, give TOWNSHIP only) Clinton			Length of stay in 1b 7 days		c. CITY OR TOWN Calhoun		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clinton General Hosp				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) in Calhoun	
3. NAME OF DECEASED (Type or print) First Middle Last Glenetta Lucille McCombs				4. DATE OF DEATH Month Day Year Aug 8 1959			
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 18 Aug 1913	9. AGE (last birthday) 45	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bank Clerk			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Calhoun Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Arthur Jackson			13b. MOTHER'S MAIDEN NAME Stella Onweiler		14. NAME OF HUSBAND OR WIFE Richard McCombs		
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.		17. INFORMANT Richard McCombs Calhoun, Mo Address		
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>Metastatic carcinoma breast 3 yrs.</i>							INTERVAL BETWEEN ONSET AND DEATH 3 yrs.
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)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
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.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
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 <i>July '58</i> to <i>8 Aug. '59</i> and last saw ^{her} _{him} alive on <i>8 Aug. '59</i> Death occurred at <i>11:00</i> A.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Hugh B. Walker, MD</i>				22b. ADDRESS <i>Clinton, Mo</i>		22c. DATE SIGNED <i>18 Aug. '59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Aug 10, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calhoun cemetery</i>		23d. LOCATION (City, town, or county) <i>Calhoun Mo</i>		(State)
24. FUNERAL DIRECTOR <i>Housey Funeral Home Calhoun, Mo</i> ADDRESS				25. DATE RECD. BY LOCAL REG. <i>Aug. 16 - 1959</i>		26. REGISTRAR'S SIGNATURE <i>Mildred Bigum</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6801 8 8 08

MAY 1 9 1960

APR 8 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert L. Dunn

Licensed Embalmer No. 4710

P. O. Address Clinston

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.