

**JURI DIVISION - OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-038989**

FILED VS NOV 23 1959 042

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1145

STATE FILE NUMBER

MEMORANDUM

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Buchanan						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Joseph		Length of stay in lb 6mo		c. CITY OR TOWN St. Joseph,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Meth. Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 733 So 9th		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last Mila Combs				4. DATE OF DEATH Month Day Year Nov. 12, 1959						
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH May 30, 1881	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Dunnegan Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME John R. Phillips			13b. MOTHER'S MAIDEN NAME Louisa Dixon			14. NAME OF HUSBAND OR WIFE deceased				
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 Sadie Bridgeater, St. Joseph, Mo					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction							EFFECTIVE CAUSE (b) DUE TO (b) _____		EFFECTIVE CAUSE (c) DUE TO (c) _____	INTERVAL BETWEEN ONSET AND DEATH Unk.
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 1b.)						
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 11/8/59 to Nov. 12, 1959 and last saw her <sup>her</sup> <sub>deceased</sub> alive on 11/12/59 Death occurred at 5:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Degree or title) <i>Charles W. Craig M.D.</i>				22b. ADDRESS Social Welfare Board 10th & Olive, St. Joseph, Mo.			22c. DATE SIGNED 11/13/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/15/59	23c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge Cemetery St. Joseph, Mo		23d. LOCATION (City, town, or county) (State)						
24. FUNERAL DIRECTOR <i>John E. Rupp</i>			ADDRESS St. Joseph, Mo		25. DATE RECD. BY LOCAL REG. Nov. 19, 1959	26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Goodell</i>				

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 John E. Kepp

Licensed Embalmer No. 3988

P. O. Address St. Joseph

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.