

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041139

FILED VS NOV 3 0 1959

Registration District No. 255 Primary Registration District No. 5877 Registrar's No. 27

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <u>Oregon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Alton</u>		Length of stay in 1b <u>67 year</u>	c. CITY OR TOWN <u>Alton</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Eva</u> Middle <u>Combs</u> Last <u>Combs</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>13</u> Year <u>1959</u>			
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5. SEX <u>Female</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>9/26/1892</u>	9. AGE (last birthday) <u>67</u>	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and state or country) <u>Oregon Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Jeff Pingleton</u>	13b. MOTHER'S MAIDEN NAME <u>Parlie Tilman</u>	14. NAME OF HUSBAND OR WIFE <u>Henry Combs</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>491-26-6679</u>	17. INFORMANT <u>Henry Combs</u> Address <u>Alton, Missouri</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>Respiratory failure</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Carcinoma breast</u>	
	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	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour <u>          </u> a.m. <u>          </u> p.m. Month, Day, Year <u>          </u>
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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 <u>          </u> COUNTY <u>          </u> STATE <u>          </u>
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21. I attended the deceased from 1959, to            and last saw her alive on           .  
Death occurred at 2:40 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>A Walker MD</u> (Degree or title)	22b. ADDRESS <u>Manhattan, Mo</u>	22c. DATE SIGNED <u>11/15/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11/15/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cotton Creek</u>	23d. LOCATION (City, town, or county) <u>Couch, Missouri</u>
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24. FUNERAL DIRECTOR <u>Carter Funeral Home, Shreveport, La</u>	ADDRESS <u>          </u>	25. DATE RECD. BY LOCAL REG. <u>1-25-59</u>	26. REGISTRAR'S SIGNATURE <u>Mrs W Johnson</u>
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DOCUMENT

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 *Alford Carter*

Licensed Embalmer No. 45-16

P. O. Address *West Plains*

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.