

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 23 1959

'59 0 4 6 5 5 4

STATE FILE NUMBER

Registration District No. 347 Primary Registration District No. _____ Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY <u>Stone Co</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY _____ | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Halena mo</u> | | Length of stay in 1b _____ | c. CITY OR TOWN <u>Oswatimie</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 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) <u>101 Carr St</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) <u>Clerton Joseph Comin</u> | | | 4. DATE OF DEATH <u>Dec 15 1959</u> | |
| 5. SEX <u>m</u> | 6. COLOR OR RACE <u>wh</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>6-16-1923</u> | 9. AGE (last birthday) <u>36</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Construction Carpenter</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Reynolds Co mo</u> | 11. BIRTHPLACE (City and state or country) <u>Mo</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.</u> |

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| 13a. FATHER'S NAME <u>Clarence Comin</u> | 13b. MOTHER'S MAIDEN NAME <u>Nettie Smith</u> | 14. NAME OF HUSBAND OR WIFE <u>Thelma Comin</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war & dates of service) <u>yes WW II</u> | 16. SOCIAL SECURITY NO. <u>489-32-9270</u> | 17. INFORMANT Address <u>Thelma J. Comin - Van Buren mo</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: | | INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u> |
| IMMEDIATE CAUSE (a) <u>Crushed Chest</u> | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Open curby Abscess</u> | |
| | DUE TO (c) <u>Wetran -</u> | |

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| 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 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 checked="" 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 <u>8:30 a.m.</u> | Month, Day, Year <u>Dec-15 59</u> | |

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| 20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>1 mi South Halena mo</u> | 20f. CITY, TOWN, OR LOCATION <u>Halena</u> COUNTY <u>Stone</u> STATE <u>MO</u> |
| 21. I attended the deceased from <u>at Death</u> to _____ and last saw her/him live on _____ Death occurred at <u>about 8:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | |

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| 22a. SIGNATURE (Degree or title) <u>Reginary Construction Co</u> | 22b. ADDRESS <u>Halena mo.</u> | 22c. DATE SIGNED <u>15 Dec 1959</u> (State) _____ |
| 23a. BURIAL CREATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>12-15-59</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Houses Creek</u> |
| 23d. LOCATION (City, town, or county) <u>Carter Co. mo</u> | | |

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| 24. FUNERAL DIRECTOR <u>McSpadden</u> ADDRESS <u>Central Home mo</u> | 25. DATE RECD. BY LOCAL REG. <u>Dec 19 1959</u> | 26. REGISTRAR'S SIGNATURE <u>Med. School Bureau</u> |
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 2 1916

STATEMENT BY LICENSED EMBALMER

DEC 2

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert E. Mulhman

Licensed Embalmer No. 4916

P. O. Address Springfield

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.