

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006007

FILED VS FEB 29 1960

137

Primary Registration District No. 3823

Registrar's No. 53

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 BENTON									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		Length of stay in 1b 16 Hrs.		c. CITY OR TOWN LINCOLN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION WITTEL HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) RR 2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First LESLEY Middle LEE Last Combs				4. DATE OF DEATH Month Feb Day 26 Year 1960									
5. SEX male		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 2-8-1890		9. AGE (last birthday) 70		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARBER				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country) Louisburg, KANSAS		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Mitchell Combs				13b. MOTHER'S MAIDEN NAME JENNIE LEE				14. NAME OF HUSBAND OR WIFE LESTA Pinker Combs					
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. UNKNOWN		17. INFORMANT Mrs LESTA Combs		Address RR 2 LINCOLN, 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) Pulmonary Edema										INTERVAL BETWEEN ONSET AND DEATH 2-5 hrs			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial Insufficiency										12- hours			
DUE TO (c) Cerebral hemorrhage										14 hours			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senile arteriosclerosis								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					
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 2-25-60 to 2-26-60 and last saw ^{her} him alive on 2-26-60 Death occurred at 10:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Clinton L. Glegg, D.O.						22b. ADDRESS 105 E. Ohio, Clinton Mo.			22c. DATE SIGNED 2-26-60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-29-1960		23c. NAME OF CEMETERY OR CREMATORY Peculiar Cemetery				23d. LOCATION (City, town, or county) (State) Peculiar, Missouri					
24. FUNERAL DIRECTOR ATKINSON DICKOY				ADDRESS HARRISONVILLE, MO.		25. DATE REGD. BY LOCAL REG. Feb. 26, 1960		26. REGISTRAR'S SIGNATURE Mildred Bigum					

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert W. Wickham

Licensed Embalmer No. 4902

P. O. Address Harrisonville

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