

MISSOURI DIVISION OF HEALTH AND WELFARE - STANDARD CERTIFICATE OF DEATH

-61-009289

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 146 Primary Registration District No. 9026 Registrar's No. 163 STATE FILE NUMBER

AMENDED

FILED MAR 28 1961

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDEPENDENCE		Length of stay in 1b 56 yrs.	c. CITY OR TOWN INDEPENDENCE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION INDEP. SAN. & HOSP.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 925 RED ROAD Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last DR. LAWRENCE JOHN COMBOY			4. DATE OF DEATH Month Day Year MARCH 20, 1961		
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 12-7-1905	9. AGE (last birthday) 56	IF UNDER 1 YEAR Months Days 56
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOCTOR OF MEDICINE		10b. KIND OF BUSINESS OR INDUSTRY MEDICAL DOCTOR	11. BIRTHPLACE (City and state or country) INDEPENDENCE, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME THEO. COMBOY		13b. MOTHER'S MAIDEN NAME MAUDE WISWELL		14. NAME OF HUSBAND OR WIFE CHRISTINE FRANCES COMBOY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWII		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address Christine Comboy, 925 Red Road, Indep., Mo.		

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
IMMEDIATE CAUSE (a) Metabolic acidosis		2 weeks
DUE TO (b) Chronic pyelonephritis		5 years
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis, ASHD		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 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
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21. I attended the deceased from 3-15-61 to 3-21-61 and last saw ^{her}/_{him} alive on 3-20-61.
Death occurred at 4:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>W. H. Johnson</i>	(Degree or title)	22b. ADDRESS Independence, Mo.	22c. DATE SIGNED 3-20-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3-23-1961	23c. NAME OF CEMETERY OR CREMATORY MT. OLIVET CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI
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24. FUNERAL DIRECTOR GEO. C. CARSON & SONS, INDEPENDENCE, MO.	25. DATE RECD. BY LOCAL REG. 3-23-61	26. REGISTRAR'S SIGNATURE <i>James D. Craig, Deputy</i>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

MAR 29 1961

Dr. [illegible]

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

Dean W. Huff

Licensed Embalmer No. 4914

P. O. Address Indy, Mo.

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.