

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025672

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

FILED AUG 15 1961

Primary Registration District No. 2001 Registrar's No. 368

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
a. COUNTY Jasper County		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin Mo.		a. STATE Mo.		b. COUNTY Jasper		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hospital		Length of stay in 1b 3 years		c. CITY OR TOWN Joplin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 2522 Windsor		(If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Alice Olive Combs				4. DATE OF DEATH Month Day Year July 27 1961				
5. SEX Female		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 5/25/1897		
9. AGE (last birthday) 64		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Jasper Co. Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME N. Martin			13b. MOTHER'S MAIDEN NAME Eliza Ann Ayer			14. NAME OF HUSBAND OR WIFE Earl E. 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. -----		17. INFORMANT Earl E. Combs, 2522 Windsor, Joplin			
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) Carcinomatases			mos					
DUE TO (b) Ca Ovary			mos					
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 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 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 7-26-61 to 7-27-61 and last saw her alive on 7-26-61								
Death occurred at 3 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE [Signature] (Degree or title) MD				22b. ADDRESS Joplin Mo		22c. DATE SIGNED 7-29-61		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug. 1-1961		23c. NAME OF CEMETERY OR CREMATORY Oronogo Cemetery		23d. LOCATION (City, town, or county) Orondgo Mo.		
24. FUNERAL DIRECTOR Johnstone-Simpson Mortuary Webb City				25. DATE RECD. BY LOCAL REG. 8-7-1961		26. REGISTRAR'S SIGNATURE [Signature]		

DATE AMENDED

INSTEAD OF DOCUMENT

SHOULD READ BY AFFIDAVIT OF

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 Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City

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.