

# MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041797

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 227 Primary Registration District No. 4339 Registrar's No. 53

STATE FILE NUMBER

FILED NOV 20 1961

DATE AWARDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>MONROE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>MONROE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>PARIS</b>	Length of stay in 1b <b>50 DAYS</b>	c. CITY OR TOWN <b>PARIS</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>E. LOCUST ST.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>E. LOCUST ST</b>

3. NAME OF DECEASED (Type or print) First Middle Last <b>IRA ELMER COMSTOCK</b>			4. DATE OF DEATH Month Day Year <b>NOV. 12, 1961</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5/22/1889</b>	9. AGE (last birthday) <b>72</b>	IF UNDER 1 YEAR Months Days Hours Min. <b>5 20 - -</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CEMETERY SEXTON</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CITY CEMETERY</b>		11. BIRTHPLACE (City and state or country) <b>MO</b>	
10c. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>VAN COMSTOCK</b>		13b. MOTHER'S MAIDEN NAME <b>ELLEN (UNKNOWN)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW-1</b>			17. INFORMANT Address <b>SIDNEY Comstock PARIS, Mo.</b>		

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>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <b>11/9/61</b> <b>7K</b>
DUE TO (b) <u>arterio-sclerosis</u>		
DUE TO (c) _____		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		

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 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 <b>PARIS</b>	COUNTY <b>MONROE</b>	STATE <b>MO.</b>
21. I attended the deceased from <u>New 9</u> to <u>New 12</u> and last saw her <u>alive</u> on <u>Nov 12, 1961</u> Death occurred at <u>12:30</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <i>[Signature]</i>		22b. ADDRESS <b>PARIS, MO.</b>	22c. DATE SIGNED <b>11-12-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>11-14-1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>WALNUT GROVE</b>	23d. LOCATION (City, town, or county) (State) <b>PARIS, MO.</b>

24. FUNERAL DIRECTOR ADDRESS <b>E. H. AGNEW - PARIS, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>11-13-61</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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NOV 21 1961

**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 *E. H. Agnew*

Licensed Embalmer No. 4000

P. O. Address Paris, 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.