

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-044215

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 1217

FILED DEC 18 1961

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Republic		c. CITY OR TOWN Bois D'Arc	
c. FULL NAME OF HOSPITAL OR INSTITUTION Auto Accident D.O.A. Spfld. Bapt. Hosp.		d. STREET ADDRESS (If outside, give location) Rt. #1	
3. NAME OF DECEASED (Type or print) First Middle Last Velzora Clima Combs		4. DATE OF DEATH Month Day Year Dec. 8 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 9-1-1899
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Greene Co. Mo.
13a. FATHER'S NAME John Powell		13b. MOTHER'S MAIDEN NAME Isabella Ross	14. NAME OF HUSBAND OR WIFE Wesley 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 Address Mrs. Phyllis Bunch Rt. 2 Ash Grove
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushing internal injuries			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 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 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.) One car accident. Slid on icy road and ran off of road. She was a passenger in the car	
20c. TIME OF INJURY Hour Month, Day, Year approx. 8:45 P.M. 12/8/61		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) on U.S. Highway	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE Near Republic, Greene, Missouri	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at approx. 8:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Opeth H. Thieme County Coroner		22b. ADDRESS Springfield, Missouri	22c. DATE SIGNED 12/15/61
23a. BURIAL CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-12-1961	23c. NAME OF CEMETERY OR CREMATORY Johns Chapel Cemetery	23d. LOCATION (City, town, or county) (State) Bois D'Arc, Mo.
24. FUNERAL DIRECTOR ADDRESS W.B. Cantrell Republic, Mo.		25. DATE RECD. BY LOCAL REG. 12-15-61	26. REGISTRAR'S SIGNATURE Effie S. Melton

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 William B. Roark

Licensed Embalmer No. 1850

P. O. Address Republic

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.