

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-001048

STATE FILE NUMBER

Registration District No. 120 Primary Registration District No. _____ Registrar's No. 15

FILED FEB 13 1963	
1. PLACE OF DEATH	
a. COUNTY <u>Gentry</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Albany</u>	a. STATE <u>Missouri</u> COUNTY <u>Gentry</u>
Length of stay in 1b. <u>7 Days</u>	c. CITY OR TOWN <u>Albany</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Gentry Co. Mem. Hospital</u>	d. STREET ADDRESS (If outside, give location) <u>804 N. Hundley</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last	
<u>Jesse Butler McComas</u>	
4. DATE OF DEATH Month Day Year <u>February 7, 1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-1-1878</u>
9. AGE (last birthday) <u>84</u>	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) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>
11. BIRTHPLACE (City and state or country) <u>Worth County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S.</u>
13a. FATHER'S NAME <u>John McComas</u>	13b. MOTHER'S MAIDEN NAME <u>Cordelia Dawson</u>
14. NAME OF HUSBAND OR WIFE <u>Mary McComas</u>	17. INFORMANT Address <u>Mrs. Jesse McComas Albany, Missouri</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv)	16. SOCIAL SECURITY NO. _____
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <u>Acute Heart Failure</u>	INTERVAL BETWEEN ONSET AND DEATH <u>72hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Senility</u>	
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 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 <u>1 Sept 62</u> to <u>7 Feb 63</u> and last saw him <u>her</u> alive on <u>7 Feb 63</u>	
Death occurred at <u>8 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>D. W. Bare</u> (Degree or title) <u>D.O.</u>	22b. ADDRESS <u>Albany, Mo.</u>
22c. DATE SIGNED <u>2-9-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-9-1963</u>
23c. NAME OF CEMETERY OR CREMATORY <u>Grandview</u>	23d. LOCATION (City, town, or county) (State) <u>Albany Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>Brooks-Cochell Funeral Home, Albany, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>2-11-63</u>
26. REGISTRAR'S SIGNATURE <u>Mrs. G. W. Bare</u>	

DO NOT WRITE ON THIS STUB

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59

1 0380

2 03802

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9 9794X

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12 1-2

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

FEB 19 1963

need
2-11-63

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 me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clifford E. Brooks
Licensed Embalmer No. 3329

P. O. Address Albany MD

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.