

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-043682

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 5508 Registrar's No. 291

FILED DEC 13 1965

|   |  |  |   |
|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>HENRY</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>HENRY</u> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Deepwater</u>                           |  | c. CITY OR TOWN <u>Deepwater</u>   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>RURAL - Deepwater</u> |  | d. STREET ADDRESS<br><u>Rural - Deepwater</u>  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|  |                                  |  |   |   |   |
|--|----------------------------------|--|---|---|---|
| 3. NAME OF DECEASED<br>(Type or print)<br><u>Shirley Combs</u>   |                                  |  | 4. DATE OF DEATH<br>Month <u>December</u> Day <u>3</u> Year <u>1965</u> |   |   |
| 5. SEX<br><u>FEMALE</u>  | 6. COLOR OR RACE<br><u>CAUC.</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>  | 8. DATE OF BIRTH<br><u>June 7, 1955</u>                                 | 9. AGE (last birthday)<br><u>10</u>   | IF UNDER 1 YEAR<br>Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>NONE</u> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>NONE</u>   |   | 11. BIRTHPLACE (City and state or country)<br><u>Greenridge Missouri</u>                          |   |
| 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>   |                                  | 13a. FATHER'S NAME<br><u>J.B. Combs</u>  |   | 13b. MOTHER'S MAIDEN NAME<br><u>ERMA SPRY</u>   |   |
| 14. NAME OF HUSBAND OR WIFE<br><u>NONE</u>   |                                  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) <u>NO</u>   |   | 16. SOCIAL SECURITY NO.<br><u>NONE</u>  |   |
| 17. INFORMANT<br><u>J.B. Combs</u>   |                                  | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Medullary Paralysis</u><br>DUE TO (b) <u>Intubation</u><br>DUE TO (c) <u>Schilders disease</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   | 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <u>11</u> a.m. p.m.<br>Month, Day, Year <u>12-3-65</u>                        |  | 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<br><u>Clinton, Missouri</u>   |  |
| 20g. COUNTY   |  | 20h. STATE   |  |

|  |  |
|--|--|
| 21. I attended the deceased from <u>12-30-60</u> to <u>12-3-65</u> and last saw her alive on <u>12-3-65</u><br>Death occurred at <u>11</u> P. m on the date stated above, and to the best of my knowledge, from the causes stated. |  |
| 22a. SIGNATURE<br><u>R.E. Nichols</u>  | 22b. ADDRESS<br><u>Clinton, Missouri</u> |
| 22c. DATE SIGNED<br><u>12/4/65</u>   |  |

|  |  |  |  |
|--|--|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE<br><u>December 6, 1965</u>             | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Greenridge Cemetery</u> | 23d. LOCATION (City, town, or county)<br><u>Greenridge, Missouri</u> |
| 24. FUNERAL DIRECTOR<br><u>R.E. Nichols Chapels</u>        | 25. DATE RECD. BY LOCAL REG.<br><u>12-4-1965</u> | 26. REGISTRAR'S SIGNATURE<br><u>Mildred Bigum</u>                |  |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DATE AMENDED

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

DEC 23 1965

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 T. E. Nichols

Licensed Embalmer No. 4997

P. O. Address K. P. 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.

Permit obtained

12-4-68 (initials)