

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019150

FILED VS. JUN 13 1960

137

Primary Registration District No. 3023

Registrar's No. 162

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u>		Length of stay in lb	c. CITY OR TOWN <u>Clinton mo</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wetzel Hospit</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>215 S 3rd</u>
3. NAME OF DECEASED (Type or print) First <u>Green</u> Middle <u>Clyde</u> Last <u>Combs</u>		4. DATE OF DEATH Month <u>6</u> Day <u>3</u> Year <u>1960</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>11/20/1909</u>
9. AGE (last birthday) <u>50</u>		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) <u>Bank work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Milling Co</u>	11. BIRTHPLACE (City and state or country) <u>Henry Co mo</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Elmer Combs</u>	
13b. MOTHER'S MAIDEN NAME <u>Lora Joss</u>		14. NAME OF HUSBAND OR WIFE <u>Mildred Combs</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>490-05-8314</u>	17. INFORMANT <u>Boann Combs</u> Address <u>Clinton Mo</u>
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>inanition</u> DUE TO (b) <u>Carcinomatosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u> <u>1 yr</u>
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"/> N. <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 checked="" 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>Feb 29-60 - June 3, 60</u> and last saw him alive on <u>6-2-60</u>		Death occurred at <u>5:05 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>RJ Powell DO</u>		22b. ADDRESS <u>Clinton mo</u>	22c. DATE SIGNED <u>6/4/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6/5/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calhoun Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Calhoun mo</u>
24. FUNERAL DIRECTOR <u>Consolidated Clinton</u>		25. DATE RECD. BY LOCAL REG. <u>June 6 1960</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

*[Faint, illegible handwritten text, possibly bleed-through from the reverse side of the page.]*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Eugene R. Consoal  
Licensed Embalmer No. 4680

P. O. Address Clinton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.