

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-047692

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 318

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 28 1965

VS 300 Rev. 4/59									
1 <u>0421</u>	DATE AMENDED								
2 <u>0421</u>									
3	<u>2</u>								
4	<u>0</u>								
5	<u>1</u>								
6									
7	<u>0</u>								
8	<u>2</u>								
9 <u>722.0</u>									
10									
11									
12 <u>3-0</u>									
13 <u>1-2</u>									

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Windsor</b>		Length of stay in 1b <b>5 yrs</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Windsor Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>303 W. Wincjell St.,</b>	
3. NAME OF DECEASED (Type or print) First <b>JOHN WM.</b> Middle <b>COMBS</b> Last		4. DATE OF DEATH Month <b>December</b> Day <b>13</b> Year <b>1965</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9/23/04</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farming</b>	
11. BIRTHPLACE (City and state or country) <b>Morgan County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>W.R. Combs</b>		13b. MOTHER'S MAIDEN NAME <b>Nettie Kaiser</b>	
14. NAME OF HUSBAND OR WIFE <b>Anna Hawkins</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>492-18-7172</b>		17. INFORMANT Address <b>Anna Hawkins, Windsor, 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) <b>Acute Cardio-Respiratory Collapse 2 hrs.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. (b) <b>Marked Anemia + Bone Marrow Depression 6 mos.</b> (c) <b>Severe Rheumatoid Arthritis 6 yrs.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 yrs.</b>
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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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>3-14-56</u> to <u>12-13-65</u> and last saw him alive on <u>12-13-65</u> Death occurred at <u>9:00</u> a. m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Claude M. Shurb's, M.D.</b>		22b. ADDRESS <b>Windsor, Mo.</b>	
22c. DATE SIGNED <b>12/16/65</b>		23. NAME OF CEMETERY OR CREMATORY <b>Laurel Oak Cemetery, Windsor, Mo.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12/16/1965</b>	
23c. LOCATION (City, town, or county) (State) <b>Windsor, Mo.</b>		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR <b>Huston Funeral Home, Windsor, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12-21-65</b>	
26. REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>			

(Licensed Embalmer's Statement on Reverse Side)

JAN 5 1966

JAN 6 1966

**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 Ellis M. Hirston

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.