S. No. 300
v. 10-48

FILED JUN 15 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3046 State File No. 17544

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 5796 Registrar's No. 37

0681

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Moniteau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): California
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Moniteau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): California 0680
d. STREET ADDRESS (If rural, give location): Rural Walker 0

3. NAME OF DECEASED (Type or Print)
a. (First): LASHLY
b. (Middle): GRAY
c. (Last): COMER

4. DATE OF DEATH (Month) (Day) (Year): June 6 1950

5. SEX: Male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 4, 1886
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months 10, Days 28 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer & trucker
10b. KIND OF BUSINESS OR INDUSTRY: Stockfarmer
11. BIRTHPLACE (State or foreign country): Moniteau Co. Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Comer
13b. MOTHER'S MAIDEN NAME: Sallie Butcher
14. NAME OF HUSBAND OR WIFE: Mae Allee

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.: Lost
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Mae Comer — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cirrhosis of Liver — INTERVAL BETWEEN ONSET AND DEATH: 9 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cause unknown
DUE TO (c): History of Stomach ulcers — 1 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
General Ascites. — 6 mo

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: No operation
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 5810

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 19, 1949, *to* June 6, 1950 *that I last saw the deceased alive on* June 5, 1950, *and that death occurred at* 3:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. L. Latham O M O
23b. ADDRESS: California Mo
23c. DATE SIGNED: 6-7-50

24a. BURIAL, CREMATION, REMOVAL (Specify): burial 0
24b. DATE: 6-8-1950
24c. NAME OF CEMETERY OR CREMATORY: Flag Spring
24d. LOCATION (City, town, or county) (State): 4 mi. S.W. of California Mo

DATE REC'D BY LOCAL REG.: 6-9-50
REGISTRAR'S SIGNATURE: H. R. Popejoy 2020
25. FUNERAL DIRECTOR'S SIGNATURE: A. E. Wilson — ADDRESS: Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUN 10 1960
District Health Officer No. 9,
District File Number

JUN 16 1950

VS DEC 5 1960

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed A. E. Wilson

Signed.....
Student Embalmer

Licensed Embalmer No. 2351

P. O. Address California 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 this body is not embalmed, fact should be so stated above.