

STANDARD CERTIFICATE OF DEATH

5319

State File No. ....

FILED FEB 20 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 700 PRIMARY REG. DIST. NO. 5729 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <b>Macon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Macon</b>	
b. CITY OR TOWN <b>Anabel</b> (If outside corporate limits, write RURAL and give township) <b>Rural</b>		c. CITY OR TOWN <b>Anabel</b> (If outside corporate limits, write RURAL and give township) <b>Rural</b> <u>0610</u>	
c. LENGTH OF STAY (in this place) <b>80 Yrs</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Everett</b> b. (Middle) <b>B</b> c. (Last) <b>Combs</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 6th 1951</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 24th 1861</b>	9. AGE (In years last birthday) <b>89</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>12</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Macon County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Ben F Combs</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Combs</b>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Lonnie E Combs Anabel Mo.</b>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <b>Chronic myocardia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.  DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>4222</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 4, 1948, to Feb 6, 1951, that I last saw the deceased alive on Feb 4, 1951, and that death occurred at 11 p m., from the causes and on the date stated above.

23a. SIGNATURE <b>D. L. Harlan MD</b> (Degree or title)	23b. ADDRESS <b>Clarence Mo</b>	23c. DATE SIGNED <b>2-7-51</b>
---	---------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb 7th 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bethel Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Anabel Macon Co Mo</b>
DATE REC'D BY LOCAL REG. <b>2/12/51</b>	REGISTRAR'S SIGNATURE <b>W. H. McNeely</b> <u>185</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Barkeley &amp; Hawkins Clarence Mo</b>	

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

RECEIVED  
MAGON COUNTY HEALTH DEPARTMENT  
County File No. 2, 19, 51  
Date Filed 2, 51, 31  
2, 19, 51

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 .....  
Student Embalmer

Signed Henry A. Barkelaw

Licensed Embalmer No. 3835

P. O. Address Shelburne - 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.