

FILED FEB 9 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1205

370

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u>				b. COUNTY <u>JACKSON</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>LEEDS Kansas City</u>		c. LENGTH OF STAY (in this place) <u>30 YRS</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		d. STREET ADDRESS (If rural, give location) <u>1309 LYDIA</u>		316			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LEEDS SANITARIUM, T.B.</u>				3. NAME OF DECEASED a. (First) <u>DANIEL</u>		b. (Middle) <u>COMBS</u>		c. (Last) _____			
4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 20 1952</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>AUG 1901</u>			
9. AGE (In years last birthday) <u>50</u>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 YEAR Hours _____		IF UNDER 1 YEAR Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PACKER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>PACKING HOUSES</u>			11. BIRTHPLACE (State or foreign country) <u>MARTIN, GEORGIA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>DONT KNOW</u>			13b. MOTHER'S MAIDEN NAME <u>DONT KNOW</u>			14. NAME OF HUSBAND OR WIFE <u>DONT KNOW</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>UNKNOWN</u>			16. SOCIAL SECURITY NO. <u>DONT KNOW</u>			17. INFORMANT'S SIGNATURE OR NAME <u>HOSPITAL RECORD - LEEDS, MO.</u>			ADDRESS _____		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY TUBERCULOSIS</u>				INTERVAL BETWEEN ONSET AND DEATH _____			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								002X			
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 <u>SEPT 5, 1951</u> , to <u>JAN 20, 1952</u> , that I last saw the deceased alive on <u>JAN 20, 1952</u> , and that death occurred at <u>7 P.M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>Edward P. Altomare</u> (Degree or title) <u>M.D.</u>					23b. ADDRESS <u>LEEDS HOSPITAL, T.B.</u>			23c. DATE SIGNED <u>1-20-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>1-24-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>TOCCOA, GA</u>		24d. LOCATION (City, town, or county) (State) <u>TOCCOA, GA</u>					
DATE REC'D BY LOCAL REG. <u>1-24-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Helmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>BRADY-BROWN</u>		ADDRESS <u>N.C. mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed.....
Student Embalmer

Signed.....
Student Embalmer No.....
Lawrence A Jones
Licensed Embalmer No.....
P. O. Address.....
4429
2300 East 18th
K.C. 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.