S. No. 300
v. 10-48

FILED MAY 17 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16911

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 65

480
5

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

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Prairie Twp
c. LENGTH OF STAY (in this place): 19 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JACKSON CO., HOME FOR AGED

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Indep. 0485
d. STREET ADDRESS (If rural, give location): 406 E. Walnut

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): OSCAR
c. (Last): COMINS

4. DATE OF DEATH (Month) (Day) (Year): 4-10-52

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED 3
8. DATE OF BIRTH: 6-30-1884
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER, RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: BUILDING TRADE
11. BIRTHPLACE (State or foreign country): Oklahoma, STRATFORD
12. CITIZEN OF WHAT COUNTRY?: OKLA.

13a. FATHER'S NAME: JIM HENRY COMINS
13b. MOTHER'S MAIDEN NAME: SARAH (UNKNOWN)
14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: Jackson Co. Home, Rt. #4 - Indep. Mo.
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): Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral Hemorrhage
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 331X
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)

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* 4/8, 1952 *to* 4/10, 1952 *that I last saw the deceased alive on* 4/10, 1952, *and that death occurred at* 6:45 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jas. S. Bennett, O
23b. ADDRESS: 1533 Ash, Independence, Mo
23c. DATE SIGNED: 4-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 4-14-52
24c. NAME OF CEMETERY OR CREMATORY: WOODLAWN
24d. LOCATION (City, town, or county) (State): INDEP., MO.

DATE REC'D BY LOCAL REG.: 4-14-52
REGISTRAR'S SIGNATURE: Donald C. Earnshaw 378-1
25. FUNERAL DIRECTOR'S SIGNATURE: George S. Carson
ADDRESS: Indep., Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAY 13

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 Richard R. Francis

Signed.....
Student Embalmer

Licensed Embalmer No. 4863

P. O. Address Indep., 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.