

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2509

State File No. \_\_\_\_\_

FILED FEB 10 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 4405 Registrar's No. 48

0800  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Pettis</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>Pettis</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GREEN RIDGE</u>              |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GREEN RIDGE</u>   |  |
| c. LENGTH OF STAY (In this place) <u>30 yrs</u>  |  | d. STREET ADDRESS (If rural, give location) <u>1</u>  |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION |  |   |  |

|  |                         |                           |                   |                  |                  |
|--|-------------------------|---------------------------|-------------------|------------------|------------------|
| 3. NAME OF DECEASED<br>(Type or Print) |                         |                           | 4. DATE OF DEATH  |                  |                  |
| a. (First) <u>MAE</u>                  | b. (Middle) <u>ELIA</u> | c. (Last) <u>COMMINGS</u> | (Month) <u>1-</u> | (Day) <u>30-</u> | (Year) <u>53</u> |

|                      |                               |   |                                   |   |                           |                           |      |
|----------------------|-------------------------------|---|-----------------------------------|---|---------------------------|---------------------------|------|
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | 8. DATE OF BIRTH <u>7-10-1888</u> | 9. AGE (In years last birthday) <u>70</u> | IF UNDER 1 YEAR<br>Months | IF UNDER 12 HRS.<br>Hours | Min. |
|----------------------|-------------------------------|---|-----------------------------------|---|---------------------------|---------------------------|------|

|   |  |   |   |
|---|--|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>From Home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Franklin Co. PENN</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
|---|--|---|---|

|  |  |   |
|--|--|---|
| 13a. FATHER'S NAME <u>WOODS MACKAY</u> | 13b. MOTHER'S MAIDEN NAME <u>CERONA MURPHY</u> | 14. NAME OF HUSBAND OR WIFE <u>CLYDE COMMINGS</u> |
|--|--|---|

|   |                         |  |         |
|---|-------------------------|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME <u>Frank Mackey Green Ridge Mo</u> | ADDRESS |
|---|-------------------------|--|---------|

|   |   |  |                                  |
|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocardial disease</u>  |  |                                  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) <u>Chronic glomerulonephritis</u> |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Anemia</u>   |   |  |                                  |

|                        |  |   |
|------------------------|--|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4222</u> | 20. AUTOPSY?<br>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) (Min.) | 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 Sept 13, 1952 to Jan 30, 1953, that I last saw the deceased alive on Jan 30, 1953, and that death occurred at 6:20 p. m., from the causes and on the date stated above.

|                                  |                               |                                     |                                 |
|----------------------------------|-------------------------------|-------------------------------------|---------------------------------|
| 23a. SIGNATURE <u>H. A. Kite</u> | (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Green Ridge, Mo</u> | 23c. DATE SIGNED <u>1-31-53</u> |
|----------------------------------|-------------------------------|-------------------------------------|---------------------------------|

|   |                          |   |   |
|---|--------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>1-31-53</u> | 24c. NAME OF CEMETERY, OR CREMATORY <u>Green Ridge Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Green Ridge Mo</u> |
|---|--------------------------|---|---|

|   |   |   |                            |
|---|---|---|----------------------------|
| DATE REC'D BY LOCAL REG. <u>1-31-1953</u> | REGISTRAR'S SIGNATURE <u>A. J. Campbell</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul M. Moore</u> | ADDRESS <u>La Monte Mo</u> |
|---|---|---|----------------------------|

FEB 18 1963

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 Paul M Moore

Licensed Embalmer No. 3923

P. O. Address La Monte 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.