V.S. No. 300
Rev. 10-48

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

FILED DEC 15 1953

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

State File No. 42824

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5627

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 71 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3035 Euclid

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 3408 Euclid

**3. NAME OF DECEASED** (Type or Print)
a. (First): RAYMOND
b. (Middle): L.
c. (Last): COMSTOCK

**4. DATE OF DEATH** (Month) (Day) (Year): Nov. 29, 1953

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: Jan. 16, 1861
**9. AGE** (In years last birthday): 92 — 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): Ret. Teller - Linwood State Bank
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (City and State or Foreign Country): Cleveland, Ohio
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Calvin Josephus Comstock
**13b. MOTHER'S MAIDEN NAME**: Amelia Noble Hanford
**14. NAME OF HUSBAND OR WIFE**: Kitty Ward Comstock

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: 496-16-4352
**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: Mrs. J.S. Bailey, 122 E. 43 St., K.C. MO.

**18. CAUSE OF DEATH** — MEDICAL CERTIFICATION

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) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Influenza

DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.*

481 X

**19a. DATE OF OPERATION**: —
**19b. MAJOR FINDINGS OF 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): ~~Kansas City, Jackson, Mo~~
**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* 8-1-, 1952, *to* 11-29, 1953, *that I last saw the deceased alive on* 11-29, 1953, *and that death occurred at* 12:30 P.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): James C. Walker — James C. Walker M.D.
**23b. ADDRESS**: 1424 Prof. Bldg
**23c. DATE SIGNED**: 11-30-53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 12-1-53
**24c. NAME OF CEMETERY OR CREMATORY**: Mt. Washington
**24d. LOCATION** (City, town, or county) (State): Kansas City, Missouri

**DATE REC'D BY LOCAL REG.**: 11-30-53
**REGISTRAR'S SIGNATURE**: Geraldine Smith
**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: STINE & McCLURE UND. CO. K.C. MO.

(Licensed Embalmer's Statement on Reverse Side)

Dr. James C. Walker
1434 Prof. Bldg.
Ka. 0236

TOD 12:20 PM

In about 1:00 PM

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**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.....
Signature of Student Embalmer

Signed. Gerald R. Burger

Licensed Embalmer No. 4763

P. O. Address 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.