

STANDARD CERTIFICATE OF DEATH

State File No. **4602**

FILED FEB 23 1954 REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **5459** Registrar's No. **196**

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

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY OR TOWN Rural - Center 2nd	c. LENGTH OF STAY (in this place) 2 weeks	c. CITY OR TOWN Springfield Mo	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Bois D'Arc Mo RI		e. STREET ADDRESS (If rural, give location) 1200 Block North Jefferson	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Henry c. (Last) Combs			4. DATE OF DEATH (Month) (Day) (Year) February 16 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 27-1887	9. AGE (in years last birthday) 66	10. IF UNDER 14 HRS. 9 11. IF UNDER 24 HRS. 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME A. A. Combs	13b. MOTHER'S MAIDEN NAME Julia Church	14. NAME OF HUSBAND OR WIFE Ellen Combs
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 497-24-7222	17. INFORMANT'S SIGNATURE OR NAME Mrs Howard Dickey ADDRESS Springfield Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>GASTRIC CARCINOMA.</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asphyxia, 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) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Metastatic CARCINOMA.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 151 X	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) 1 January 1954	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 **2-14**, 19**54**, to **2-15**, 19**54**, that I last saw the deceased alive on **2-15**, 19**54**, and that death occurred at **10:50 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE A. F. [Signature]	23b. ADDRESS Ash Grove Mo	23c. DATE SIGNED 2-17-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE February 18-1954	24c. NAME OF CEMETERY OR CREMATORY Johns Chapel Cemetery	24d. LOCATION (City, town, or county) (State) Greene County Missouri
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DATE REC'D BY LOCAL REG. 2-17-54	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Ash Grove Missouri
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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..... *Richard E. Watts*

Licensed Embalmer No. *465*

P. O. Address *Oak Grove*

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.