No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36838

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 5289 Registrar's No. 84

6000 3

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

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Gallatin
c. LENGTH OF STAY (in this place): 2 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 Mi West of 169 Hiway on 69 Hiway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Clay
c. CITY OR TOWN: Gladstone
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location): R#2 Liberty Box 427. 6000

3. NAME OF DECEASED (Type or Print)
a. (First): Roger
b. (Middle): William
c. (Last): Coombs

4. DATE OF DEATH (Month) (Day) (Year): Nov. 14, 1954

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Feb. 25, 1934
9. AGE (In years last birthday): 20 — 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): K.C. Auto Trim Del. Boy
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Kansas City Mo
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Dr. Dan Coombs
13b. MOTHER'S MAIDEN NAME: Fern Kelso
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)
16. SOCIAL SECURITY NO.: 496-34-2908
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Fern Coombs R#2. Liberty

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) Burned in 3 car Collision

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Side-swiped truck, hit car headon
DUE TO (c) Collision at high speed.

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
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 1 Mi. W. J Jct 69 & 71 Hi way.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Rural 600 Clay 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 _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. S. Pate M.D. Coroner Z
23b. ADDRESS: North Kansas City Mo
23c. DATE SIGNED: 11/18/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 11-17-54
24c. NAME OF CEMETERY OR CREMATORY: D.W. Newcomer's
24d. LOCATION (City, town, or county) (State): Kansas City, Mo

DATE REC'D BY LOCAL REG.: 11-17-54
REGISTRAR'S SIGNATURE: Marguerite Hudgens 474
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: D.W. Newcomer's No. K.C. Mo

(Licensed Embalmer's Statement on Reverse Side)

APR 24 1956

NOV 13 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....Not Embalmed...., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed....Glenn H. Gill....

Licensed Embalmer No....45

P. O. Address...K.C. 16

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.