

FILED MAR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **5753**

BIRTH NO. _____		REG. DIST. NO. 254		PRIMARY REG. DIST. NO. 5863		Registrar's No. 14	
1. PLACE OF DEATH a. COUNTY Oregon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE California b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Couch		c. LENGTH OF STAY (in this place) 2 days		c. CITY OR TOWN San Diego		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) 804th			
3. NAME OF DECEASED (Type or Print) a. (First) Debra b. (Middle) Lynn c. (Last) Combs			4. DATE OF DEATH (Month) (Day) (Year) February 9, 1956				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH March 9, 1955		9. AGE (In years last birthday) 0	if UNDER 1 YEAR Months 11 Days 0	if UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) San Diego, California		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Russell Combs			13b. MOTHER'S MAIDEN NAME Virginia A. Goff		14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Russell Combs, San Diego, California			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown	ANTECEDENT CAUSES Intestinal infection						
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Hyperthermia.						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) Couch Oregon Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 Feb. 7, 1956 , to Feb. 9, 1956 , that I last saw the deceased alive on Feb. 8, 1956 , and that death occurred at 7:00 pm. , from the causes and on the date stated above.							
23a. SIGNATURE (Sign or title) D.V. Wolf (D.O.)				23b. ADDRESS Alton, Missouri		23c. DATE SIGNED 2-15-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-11-1956	24c. NAME OF CEMETERY OR CREMATORY Cotton Creek Cemetery		24d. LOCATION (City, town, or county) (State) Oregon County, Missouri		
DATE REC'D BY LOCAL REG. 3-9-56		REGISTRAR'S SIGNATURE Arthur Wolf		25. FUNERAL DIRECTOR'S SIGNATURE Blair Carter ADDRESS Thayer mo			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

150

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 Carter

Licensed Embalmer No...*451*.....

P. O. Address.....*Harmon*.....

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.