

Health, Welfare, Public Service

300 -56

Use only standard nomenclature in Part 18. No symptoms written on natural causes. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 4 1957  
REGISTRATION DISTRICT NO. 149  
PRIMARY REGISTRATION DISTRICT NO. 1002  
REGISTRAR'S NO. 695  
STATE FILE NUMBER 4646

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>			2. USUAL RESIDENCE (Where deceased lived. If institutions: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VA HOSPITAL</b>		Length of stay in lb <b>30 yrs</b>	d. STREET ADDRESS <b>3805 Paseo</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>COMBS</b> Last <b>COMBS</b>			4. DATE OF DEATH Month <b>2nd</b> Day <b>11th</b> Year <b>1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>1-9-81</b>	9. AGE (In years last birthday) <b>76 yrs</b> IF UNDER 1 YEAR: Months <b>76</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Janitor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Custodial</b>	11. BIRTHPLACE (City and state of country) <b>Louisville, Ky</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13. FATHER'S NAME <b>Unknown</b>			14. MOTHER'S MAIDEN NAME <b>Unknown</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes</b> <b>WWI</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT <b>VA Hospital Records, K.C., Mo.</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral contusions - fractured skull</b> DUE TO (b) <b>Subarachnoid Hemorrhage</b> DUE TO (c) <b>Interval between onset and death</b> E9030 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>unknown how occurred</b>			
20c. TIME OF INJURY Hour <b>3</b> a. m. <b>10-57</b> p. m. <b>10-57</b>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office, bldg., etc.) <b>Home</b>			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <b>Jackson City, Jackson Mo</b>			
21. attended the deceased from <b>February 8, 1957</b> to <b>February 11, 1957</b> and last seen <b>conscious</b> Death occurred at <b>3:40 pm</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Hugh H. Owens</b> (Degree or title) <b>3</b>			22b. ADDRESS <b>1034 Mallozsky</b>		22c. DATE SIGNED <b>2-12-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>2/14/1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Louisville, Ky. Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Louisville Ky.</b>
24. FUNERAL DIRECTOR <b>C. E. Davis, R. C. No.</b>		25. DATE RECD. BY LOCAL REG. <b>2-13-57</b>		26. REGISTRAR'S SIGNATURE <b>new minshall</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Hugh H. Owens

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 *Landis L. Jackson*

Licensed Embalmer No. *48*

P. O. Address *212*

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