

FILED APR 18 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 12665

Health,  
Welfare  
Public  
Service

Registration District No. 100 Primary Registration District No. 4180 Registrar's No. 139

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWNSHIP <b>Campbell</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Campbell</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>City</b>		Length of stay in 1b <b>10 Yrs.</b>	d. STREET ADDRESS <b>City</b> (If outside, give location)
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>First JOHN Middle HENRY Last COMER</b>			4. DATE OF DEATH <b>Month April Day 9, Year 1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 14, 1891</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Piggott, Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13. FATHER'S NAME <b>Samuel Comer</b>			14. MOTHER'S MAIDEN NAME <b>Martha Jet</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>487-18-4857</b>	17. INFORMANT <b>Bob Comer, 107 Elm, Campbell, 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>Broncho-pneumonia - Etiology unknown</b>		INTERVAL BETWEEN ONSET AND DEATH <b>?</b>  <b>years-</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Chronic Alcoholism</b>	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>3222</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>

20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from <b>4/9/57</b> to <b>4/9/57</b> and last saw <sup>her</sup> him <b>alive</b> on <b>4/9/57</b> Death occurred at <b>3:30p</b> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <b>Wallace Selsey M.D.</b>	22b. ADDRESS <b>Campbell, Mo.</b>	22c. DATE SIGNED <b>4/12/57</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Apr. 12, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Gravel Hill Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Campbell, Missouri, R. R.</b>
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24. FUNERAL DIRECTOR <b>Landess Funeral Home, Campbell, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>4-12-1957</b>	26. REGISTRAR'S SIGNATURE <b>Miss Beulah Campbell</b>
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(Licensed Embalmer's Statement on Reverse Side)

300  
1-56

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. securing the medical certification in the specific manner required by regulations.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

92-c

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT ..... 4-16-57  
COUNTY FILE NUMBER ..... 457-112

APR 22 1957

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 *Christina M. Landese*

Licensed Embalmer No. *422*

P. O. Address *Campbell*

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.