

FILED JUL 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH57 02 1588
STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER					
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN WEBB CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR 0490 TOWN GARTHAGE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF HOSPITAL OR INSTITUTION JANE CHINN HOSPITAL			Length of stay in 1b 1 HOUR		d. STREET (If outside, give location) ADDRESS S.W. OF CITY		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First BENJAMIN Middle WOODSON Last COMBS				4. DATE OF DEATH Month JUNE Day 27 Year 1957					
5. SEX <input type="radio"/> MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH SEPTEMBER 17, 1888 - 68	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) NEVADA, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.					
13. FATHER'S NAME SAMUEL W. COMBS				14. MOTHER'S MAIDEN NAME BELE A. WILLIS					
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.		17. INFORMANT Address FORBES, D.D. WEBB CITY, MISSOURI					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion							INTERVAL BETWEEN ONSET AND DEATH 1 Hour		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) Chronic Myocarditis		
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 type="checkbox"/> NO <input checked="" type="checkbox"/> 2		
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 4:20 Month, Day, Year									
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 WEBB CITY, MO.		COUNTY		STATE	
21. I attended the deceased from 2-13-57 to 6-27-57 and last saw her/him alive on 6-27-57 Death occurred at 10:15 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) W. W. Fisher, D.O. 2				22b. ADDRESS 106 S. Main St. Webb City, Mo.			22c. DATE SIGNED 6-28-57		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 6-29-1957	23c. NAME OF CEMETERY OR CREMATORY NEWTON BURIAL PARK		23d. LOCATION (City, town, or county) NEVADA, MISSOURI		(State)		
24. FUNERAL DIRECTOR HEDGE-LEWIS FUNERAL, WEBB CITY, MO.				25. DATE RECD. BY LOCAL REG. 6-28-57		26. REGISTRAR'S SIGNATURE Ms. Madeline Stitzer			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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County File Number 57-7-540
Date Filed JUL 1 1957
Health Office

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 *L. J. Lewis*
Licensed Embalmer No. 448

P. O. Address *W. L. Lewis*

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.