

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28757

STATE FILE NUMBER

FILED AUG 21 1957

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 319

1. PLACE OF DEATH a. COUNTY <u>Marion</u>			2. USUAL RESIDENCE: (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Hannibal</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Levering Hospital</u>		Length of stay in 1b	d. STREET ADDRESS <u>505 South Main</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>CHARLES J. COMSTOCK JR.</u>			4. DATE OF DEATH <u>August 16, 1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH <u>August 4, 1887</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>4</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>REPAIR MEN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RADIO</u>	11. BIRTHPLACE (City and state or country) <u>Louisville Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
13. FATHER'S NAME <u>Charles J. Comstock</u>			14. MOTHER'S MAIDEN NAME <u>Mary Rogers</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Address</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Terminal Pneumonia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
Conditions, if any, which gave rise to above cause (b), stating the underlying cause last.					
DUE TO (b) <u>Diabetis Mellitus</u>					
DUE TO (c) <u>Cerebral vascular accident</u>					<u>13 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>260X</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
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 <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>					
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 <u>Hannibal, Marion, Missouri</u>		
21. I attended the deceased from <u>8/4/57</u> to <u>8/16/57</u> and last saw <u>him</u> alive on <u>8/15/57</u> Death occurred at <u>1:40 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>C. W. Walthers M.D.</u> (Degree or title)			22b. ADDRESS <u>508 Broadway, Hannibal, Mo.</u>		22c. DATE SIGNED <u>8/16/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-19-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt Olivet Cemetery,</u>	23d. LOCATION (City, town, or county) (State) <u>Hannibal, Missouri.</u>		
24. FUNERAL DIRECTOR <u>St Crawford Smith Hannibal Mo</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>8-17-57</u>	26. REGISTRAR'S SIGNATURE <u>Dr. E.M. Lucke W.C. Fisher</u>		

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.

RECEIVED AUG 20 1957
MARION CO. HEALTH DEPT.
DATE FILED AUG 20 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.....
John S. H. [unclear]

Licensed Embalmer No.....

P. O. Address Hannibal M

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.