pt. Health,
., & Welfare
S. Public
lth Service

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ev. 1-56

FILED JAN 20 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

47446
STATE FILE NUMBER

Registration District No. 231 Primary Registration District No. 3048 Registrar's No. 32

1. PLACE OF DEATH
a. COUNTY Nodaway County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville Missouri — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Francis Hospital — Length of stay in 1b 7-months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Worth
c. CITY OR TOWN Grant City Missouri — Inside Limits Yes ☐ No X
d. STREET ADDRESS 3½ miles southwest (If outside, give location) — Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print): First Alpha; Middle Comer; Last Blake
4. DATE OF DEATH: Month December; Day 26; Year 1957
5. SEX: female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: September-2-1871
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months 3, Days 24 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School teacher
10b. KIND OF BUSINESS OR INDUSTRY: school teacher
11. BIRTHPLACE (City and state or country): Versailles Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Jesse Comer
14. MOTHER'S MAIDEN NAME: Mary Groff
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Jesse Blake — Address: Maryville Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 7 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral Thrombosis — 7 mos
DUE TO (c) Cerebral Arteriosclerosis — 5-10 yr
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 332X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour a. m. p. m.; Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 May 28, 1957 to Dec 26, 1957 and last saw her/him alive on Dec 25, 1957
Death occurred at 5 Am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title) MD
22b. ADDRESS: Maryville, Mo
22c. DATE SIGNED: 1/13/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Dec 28-57
23c. NAME OF CEMETERY OR CREMATORY: Grant City Cemetery
23d. LOCATION (City, town, or county): Grant City (State): Mo

24. FUNERAL DIRECTOR: John Andrews — ADDRESS: Grant City Mo
25. DATE RECD. BY LOCAL REG.: Jan 19 58
26. REGISTRAR'S SIGNATURE: Bess Holt

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by John Andrews, Student Embalmer No.....

working under my personal supervision...

Student.....
Signature of Student Embalmer

Signed John Andrews

Licensed Embalmer No. 42

P. O. Address Grant City

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