

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026117

STATE FILE NUMBER

FILED JUL 16 1958

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Mo b. COUNTY Laclede	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lebanon
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Wallace Hosp.		Length of stay in 1b 3 Weeks	d. STREET ADDRESS (If outside, give location) 389 No. St.
3. NAME OF DECEASED (Type or print) First Middle Last Birtley Floya McComb			4. DATE OF DEATH Month Day Year July 4 1958
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 21 1890
9. AGE (In years at birthday) 68		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tranrier Retd.		10b. KIND OF BUSINESS OR INDUSTRY Drayage	11. BIRTHPLACE (City and state or country) California Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Edwin McComb	
13b. MOTHER'S MAIDEN NAME Elizabeth Copton		14. NAME OF HUSBAND OR WIFE Louella McComb	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 494-18-6817	17. INFORMANT Address Mrs. Floya McComb Lebanon Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer of The Lung			INTERVAL BETWEEN ONSET AND DEATH 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			163X
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"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> None		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 <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 9/29/56 to 7/4/1958 and last saw him alive on 7/4/1958 Death occurred at 1.15 p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Zora Z. Fisher M. D.		22b. ADDRESS Lebanon, Mo	22c. DATE SIGNED 7/7/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/7/58	23c. NAME OF CEMETERY OR CREMATORY Bolles Cem.	23d. LOCATION (City, town, or county) (State) Laclede Co. Mo.
24. FUNERAL DIRECTOR P. P. Palmer Lebanon	ADDRESS	25. DATE RECD. BY LOCAL REG. 7-7-1958	26. REGISTRAR'S SIGNATURE Louella L. May

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Received JUL 14 1958
Laclede County Health Unit
File No. ///
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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 S. P. Palmer

Licensed Embalmer No. 2208

P. O. Address

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.