RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 7 1960

-60-007324
STATE FILE NUMBER

Registration District No. 218 Primary Registration District No. 5790 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY MISSISSIPPI
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WOLF ISLAND TOWNSHIP
Length of stay in 1b: 50 YEARS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 12MILES EAST OF E. PRAIRIE
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY MISSI.
c. CITY OR TOWN EAST PRAIRIE, MO.
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) EAST PRAIRIE RT.# 1
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First JOHN Middle ALFRED Last COMBS
4. DATE OF DEATH: Month 2 Day 23 Year 1960
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-30-1895
9. AGE (last birthday): 64
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (City and state or country): MILLAR COMM. EAST PRAIRIE, MO.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: JOHN COMBS
13b. MOTHER'S MAIDEN NAME: DORA FUGATE
14. NAME OF HUSBAND OR WIFE: PEARL DODGE COMBS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): WORLD WAR I
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT: MRS. PEARL COMBS Address: E. PRAIRIE RT.# 1

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) Chronic Myocarditis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 10-30-56, to 2-22-60 and last saw him alive on 2-22-60
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Gordon C. Hemphill (Degree or Title) D.O.
22b. ADDRESS East Prairie, Mo.
22c. DATE SIGNED 2/27/60

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 2-26-1960
23c. NAME OF CEMETERY OR CREMATORY: OAK GROVE CEMETERY
23d. LOCATION (City, town, or county) (State): CHARLESTON, MO.

24. FUNERAL DIRECTOR: SHELBY FUNERAL HOME ADDRESS: E. PRAIRIE, MO.
25. DATE RECD. BY LOCAL REG.: 3-3-60
26. REGISTRAR'S SIGNATURE: Gertrude E. Harper

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

MAR 15

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed

Signature of Student Embalmer

Licensed Embalmer No. 494

P. O. Address East P

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