URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-020231

FILED VS JUN 13 1960

NDED

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 142

STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY: Nodaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Maryville — Length of stay in 1b: 12 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Francis Hospital — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Nodaway
c. CITY OR TOWN: Clearmont — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): Wallin Nursing Home — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: JOHN — Middle: GRANVILLE — Last: COMBS

4. DATE OF DEATH: Month: 6 — Day: 3 — Year: 60

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ **Never Married** ☐ **Widowed** ☐ **Divorced** ☐

8. DATE OF BIRTH: 12/28/79

9. AGE (last birthday): 80 — 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): Farmer-retired

10b. KIND OF BUSINESS OR INDUSTRY: Own account

11. BIRTHPLACE (City and state or country): Clearmont, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: George Combs

13b. MOTHER'S MAIDEN NAME: Margaret Harmon

14. NAME OF HUSBAND OR WIFE: Glenna Gray Combs, dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Giles Smith, Maryville, Mo. — Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH: Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Intra-Ventricular Conduction Defect ?
DUE TO (c): Coronary Arteriosclerosis

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

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

MEDICAL CERTIFICATION

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 5/23/60, to 6/3/60 and last saw her/him alive on 6/3/60
Death occurred at 8:25 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: B. F. Bylard — (Degree or title): M. D.

22b. ADDRESS: Maryville, Missouri

22c. DATE SIGNED: 6/4/60

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: 6/6/60

23c. NAME OF CEMETERY OR CREMATORY: Hazel Dell

23d. LOCATION (City, town, or county) (State): Clearmont, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Price Funeral Home, Maryville, Mo.

25. DATE RECD. BY LOCAL REG.: 6-5-60

26. REGISTRAR'S SIGNATURE: Beas Bolt

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John W. Price

Licensed Embalmer No. 4281

P. O. Address Maryvil

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