

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

REGISTRATION DISTRICT NO. 146 PRIMARY REGISTRATION DISTRICT NO. 3026 REGISTRAR'S NO. 225-61-014096 STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF DOCUMENT MEDICAL CERTIFICATION

FILED MAY 10 1961

1. PLACE OF DEATH
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence
 Length of stay in 1b 1 month
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 805 Brookside Dr. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY Barton
 c. CITY OR TOWN Jantua Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
 Effie none Comby
 4. DATE OF DEATH Month Day Year
 May 1 1961

5. SEX Female
 6. COLOR OR RACE white
 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 5-15-1875
 9. AGE (last birthday) 85 UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
 10b. KIND OF BUSINESS OR INDUSTRY home
 11. BIRTHPLACE (City and state or country) unknown
 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Charles McPherson
 13b. MOTHER'S MAIDEN NAME unknown
 14. NAME OF HUSBAND OR WIFE Richard Comby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.
 16. SOCIAL SECURITY NO. none
 17. INFORMANT Cleo Comby, Independence, 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) Impaired conduction acute Heart Block 1 hour
 DUE TO (b) Coronary atherosclerosis 10 years
 DUE TO (c) generalized atherosclerosis 10 years
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. a. embolus 85 yrs
 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 _____ to _____ and last saw her ^{him} alive on _____
 Death occurred at 7:45 AM. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Free or title) Fred W. Smith, MD
 22b. ADDRESS 745 E. _____
 22c. DATE SIGNED 5-1-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
 23b. DATE 5-1-61
 23c. NAME OF CEMETERY OR CREMATORY
 23d. LOCATION (City, town, or county) (State) Tamar, Mo.

24. FUNERAL DIRECTOR ADDRESS
 Konantz Mortuary, Tamar, Mo.
 25. DATE RECD. BY LOCAL REG. 5-1-61
 26. REGISTRAR'S SIGNATURE Alla L. Craig, Deputy

MAY 24 1961

OCT 31 1962

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 R. Eiden

Licensed Embalmer No. 4531

P. O. Address Kansas City

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.