

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025962

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 206 Primary Registration District No. 2042 Registrar's No. 44

FILED AUG 1 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>MADISON</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) <u>FREDERICKTOWN</u>	a. STATE <u>MISSOURI</u>	b. COUNTY <u>MADISON</u>
Length of stay in 1b <u>4 months</u>		c. CITY OR TOWN <u>FREDERICKTOWN</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>306 N MAIN</u>		d. STREET ADDRESS (If outside, give location) <u>306 N MAIN</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First <u>OSCAR</u>	Middle <u>FATE</u>	Last <u>COMBS</u>	Month <u>JULY</u>	Day <u>27</u>	Year <u>1961</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-2-1895</u>	9. AGE (last birthday) <u>66</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABOR</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>CONSTRUCTION</u>	11. BIRTHPLACE (City and state or country) <u>ZION MO</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>DAVID COMBS</u>	13b. MOTHER'S MAIDEN NAME <u>ELLEN SETTLES</u>	14. NAME OF HUSBAND OR WIFE <u>JEANNETT</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WWI</u>	17. INFORMANT <u>JEANNETT COMBS</u> Address <u>306 N MAIN FREDERICKTOWN MO</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (d), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>2 YEARS</u>
IMMEDIATE CAUSE (a) <u>CARCINOMA OF URINARY BLADDER</u>		
DUE TO (b) _____		
DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>NONE</u>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <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 SEPT. 1960 to JULY 27, 1961 and last saw him alive on JULY 27, 1961
 Death occurred at 1015 P. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Charles W. Johnson, M.D.</u> (Degree & title)	22b. ADDRESS <u>115 South Wood Fredericktown Mo.</u>	22c. DATE SIGNED <u>7-28-61</u>
23a. BURIAL, CREMATION, REINTERMENT (Specify) <u>BY RIAL</u>	23b. DATE <u>7-29-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MARCUS MEMORIAL PARK FREDERICKTOWN MO</u>
23d. LOCATION (City, town, or county) (State) <u>FREDERICKTOWN MO</u>	24. FUNERAL DIRECTOR'S ADDRESS <u>ADAMSON WEBB FREDERICKTOWN N. MO</u>	25. DATE RECD. BY LOCAL REG. <u>7-29-1961</u>
26. REGISTRAR'S SIGNATURE <u>Florence Ricker</u>		

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

AUG 7 1961

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 Raymond B Wilson

Licensed Embalmer No. 4884

P. O. Address Fredricks

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.