

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

64-028134
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 107

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

FILED JUL 25 1961

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Barry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township	Length of stay in lb 6 Mo. 10 days	c. CITY OR TOWN Monett	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hosp. No. 3	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 420 W. County	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Emry John Coombes			4. DATE OF DEATH Month Day Year July 8 1961			
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Jan. 14, 1877	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Macon Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Coleman Coombes		13b. MOTHER'S MAIDEN NAME Delphine Elmo		14. NAME OF HUSBAND OR WIFE /		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	17. INFORMANT Hosp. Records St. Hosp. Nevada Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion (Few Minutes)		INTERVAL BETWEEN ONSET AND DEATH Few Minutes
DUE TO (b) Generalised Arteriosclerosis Teads		
DUE TO (c)		

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. <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. / / /		

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 10/14/60 to 7/8/61 and last saw ^{her} him alive on 7/8/61 Death occurred at 7:23 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE F. E. Martine	(Degree or title) M.D.	22b. ADDRESS St. Hosp. No. 3	22c. DATE SIGNED 7/8/61
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE JULY 8, 1961	23c. NAME OF CEMETERY OR CREMATORY LOCAL CEMETERY	23d. LOCATION (City, town, or county) (State) MONETT, MO.

24. FUNERAL DIRECTOR MERCER FUNERAL HOME	ADDRESS MONETT, MO	25. DATE RECD. BY LOCAL REG. 7-17-1961	26. REGISTRAR'S SIGNATURE Anna E. Ferry
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(Use Embalmer's Statement on Reverse Side)

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 Roy H. Mercer

Licensed Embalmer No. 4432

P. O. Address Monett, Mo.

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.