

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003121

AMENDED

FILED JAN 25 1962

Registration District No. 278

Primary Registration District No. 3054

Registrar's No. 10

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>PIKE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>PIKE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>LOUISIANA</b>		Length of stay in 1b <b>38 1/2 yrs</b>	c. CITY OR TOWN <b>LOUISIANA</b>
c. FULL NAME OF (IF NOT in hospital, give location) <b>PIKE Co HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>421 N. 3rd St.</b>
3. NAME OF DECEASED (Type or print) <b>ETHEL MEEK COOMBS</b>		4. DATE OF DEATH Month <b>JAN</b> Day <b>16</b> Year <b>1962</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-29-89</b>
9. AGE (last birthday) <b>74</b>		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) <b>HOUSE WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	11. BIRTHPLACE (City and state or country) <b>ROGO, NEW FOUNDLAND</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>ROBERT IRISH</b>	13b. MOTHER'S MAIDEN NAME <b>ANNE BANKS</b>
14. NAME OF HUSBAND OR WIFE <b>REV. DAVID COOMBS</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown. If yes, give war or dates of service) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT <b>RICHARD COOMBS, SPOKANE, WASH.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Coronary artery occlusion</b>			<b>1 hour</b>
DUE TO (b) <b>Hypertensive cardiovascular disease</b>			<b>10 years</b>
and severe pneumonia			<b>2 weeks</b>
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
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 <b>1/15/62</b> to <b>1/16/62</b> and last saw her alive on <b>1/16/62</b> Death occurred at <b>9:50</b> A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Chas H. Collier</i> (Degree or title)		22b. ADDRESS <b>M.D. 122S. 3rd St. Louisiana, Mo.</b>	22c. DATE SIGNED <b>1/18/62</b>
23. BURIAL CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>JAN 19 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>RIVERVIEW</b>	23d. LOCATION (City, town, or county) (State) <b>LOUISIANA MO.</b>
24. FUNERAL DIRECTOR <b>Geo. M. Collier, Louisiana Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Jan 22-62</b>	26. REGISTRAR'S SIGNATURE <i>Bernice Collier</i>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
DATE AMENDED  
INSTEAD OF  
SHOULD READ  
ITEM NO.

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

MAR 23 1962

MAR 1 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

*Geo M. Callier*

Licensed Embalmer No. 103839

P. O. Address Louisiana

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.