

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011554

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1603

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>1 day</b>	c. CITY OR TOWN <b>Independence</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Research Hosp.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>10314 East 35th</b>
3. NAME OF DECEASED (Type or print) First <b>CRAIG</b> Middle <b>COMBS</b> Last		4. DATE OF DEATH Month <b>March</b> Day <b>9</b> Year <b>1963</b>	
5. SEX <b>Male</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>Feb 22, 1928</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Brewer Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Brewery</b>	9. AGE (last birthday) <b>85</b>
13a. FATHER'S NAME <b>George Combs</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Harries</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>		16. SOCIAL SECURITY NO. <input type="checkbox"/>	
11. BIRTHPLACE (City and state or country) <b>Fort Scott, Kansas</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
14. NAME OF HUSBAND OR WIFE <b>Lillie Combs</b>		17. INFORMANT <b>Geraldine Bly-10314 East 35th, Indep. Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <b>Terminal Bronchial Pneumonia</b>		<b>two weeks</b>	
DUE TO (b) <b>Probable CVA</b>		<b>Years</b>	
DUE TO (c) <b>Valvular Heart Disease</b>		<b>Years</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 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>1947</b> to <b>March 9, 1963</b> and last saw her/him alive on <b>March 9, 1963</b> Death occurred at <b>11:30PM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS <b>6400 Prospect, Suite 300 Kansas City 32, Missouri</b>	
22a. SIGNATURE (Degree or title) <i>Ralph Perry M.D.</i>		22c. DATE SIGNED <b>3-11-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Mar. 12, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Washington Cem.</b>
24. FUNERAL DIRECTOR <b>Geo. C. Carson &amp; Sons-Indep. Missouri</b>		23d. LOCATION (City, town, or county) (State) <b>Independence, Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>3-12-63</b>
		26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

1  
2 *7005*  
3  
4 *0*  
5 *1*  
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9 *94214*  
10  
11  
12 *1264-0*  
13

**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 Leroy J. Tyler

Licensed Embalmer No. 4941

P. O. Address Independence 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.