

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029517

Registration District No. 274 Primary Registration District No. 3056 Registrar's No. 172 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB AMENDED

FILED JUL 30 1963

VS 300 Rev. 4/59	DATE AMENDED								
1 <u>0887</u>	DATE AMENDED								
2 <u>20887</u>	DATE AMENDED								
3	DATE AMENDED								
4 <u>1</u>	DATE AMENDED								
5 <u>2</u>	DATE AMENDED								
6	DATE AMENDED								
7 <u>0</u>	DATE AMENDED								
8 <u>0</u>	DATE AMENDED								
9 <u>9</u>	DATE AMENDED								
10 <u>8</u>	DATE AMENDED								
11	DATE AMENDED								
12 <u>42</u>	DATE AMENDED								
13 <u>30</u>	DATE AMENDED								

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
SHOULD READ
BY AFFIDAVIT OF

a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Randolph	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly		Length of stay in 1b 50 yrs.	c. CITY OR TOWN Moberly Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Whitaker Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 904 East Logan St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Annie Middle Combs Last			4. DATE OF DEATH Month 7 Day 25 Year 63
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/8/82
9a. AGE (last birthday) 81		9b. IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min.	9c. IF UNDER 24 HR Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Monroe Co., Mo.
13a. FATHER'S NAME J.C. Davis		13b. MOTHER'S MAIDEN NAME Amanda Eliz. Brown	12. CITIZEN OF WHAT COUNTRY USA
14. NAME OF HUSBAND OR WIFE Richard M. Combs		17. INFORMANT Hazel Smith Address Denver, Colo	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circulatory Failure			INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Prolonged Recumbency Due to Fractured Hip			
DUE TO (c) Arteriosclerosis			
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 2:10 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>	Month, Day, Year 7/25/62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Moberly	COUNTY Mo. STATE Mo.
21. I attended the deceased from 7/25/62 to 7/25/63 and last saw ^{her} him alive on 7/25/63 Death occurred at 2:10 A on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) E. T. Whitaker D.O.		22b. ADDRESS 205 S. 5th, Moberly, Mo.	22c. DATE SIGNED 7/27/63 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/28/63	23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery	23d. LOCATION (City, town, or county) Madison, Mo.
24. FUNERAL DIRECTOR Million & Greer		ADDRESS Moberly, Mo.	25. DATE RECD. BY LOCAL REG. 7/27/63
26. REGISTRAR'S SIGNATURE Macil White			

AUG 1 1963

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 Wm E. Miller

Licensed Embalmer No. 3957

P. O. Address Moberly, 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.

*Permit Renewed 7/27/63
WEM*