

FILED DEC 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42686

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6070 Registrar's No. 405

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Knoblick</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Knoblick</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>D</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Edward</u>	b. (Middle) <u>Columbus</u>	c. (Last) <u>Combs</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 16 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov 5 1889</u>	9. AGE (In years last birthday) <u>62</u>	# UNDER 1 YEAR Months <u>1</u> Days <u>11</u>	# UNDER 6 WKS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Madison county, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>David Combs</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen Settles</u>	14. NAME OF HUSBAND OR WIFE <u>Eliza Clark Combs</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ed Combs Knoblick Mo</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Emphysema?</u>			5 yrs.
	DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Franklin Co. Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-15-51</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-21, 1947, to 12-16, 1951, that I last saw the deceased alive on 12-15, 1951, and that death occurred at 8:30A m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. Richard Couch M.D.</u> (Degree or title)	23b. ADDRESS <u>Farmington Mo.</u>	23c. DATE SIGNED <u>12-18-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Dec 18 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Knoblick</u>	24d. LOCATION (City, town, or county) (State) <u>Knoblick Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 19, 1951</u>	REGISTRAR'S SIGNATURE <u>Ether Redloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. H. Cozean</u>	ADDRESS <u>Farmington Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE No. _____
DISTRICT HEALTH OFFICE No. 4

DEC 21 1951

RECEIVED

FEB 2 1951
FEB 2 1951

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
Student Embalmer

Signed _____

Licensed Embalmer No. 4084

Farmington Mo.

P. O. Address _____

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 this body is not embalmed, fact should be so stated above.