

FILED JUN 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3046 State File No. 17544

BIRTH NO.		REG. DIST. NO. 224		PRIMARY REG. DIST. NO. 5796		Registrar's No. 97	
1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Moniteau</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California</u> <u>0680</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Walker</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>June</u> <u>6</u> <u>1960</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LASHLY</u>		b. (Middle) <u>GRAY</u>		c. (Last) <u>COMER</u>		9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>63</u> <u>10</u> <u>28</u>	
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>July 4, 1886</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer & trucker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stockfarmer</u>		11. BIRTHPLACE (State or foreign country) <u>Moniteau Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Comer</u>			13b. MOTHER'S MAIDEN NAME <u>Sallie Butcher</u>			14. NAME OF HUSBAND OR WIFE <u>Mae Allee</u>	
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>Lat</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mae Comer</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carbosis of liver</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cause unknown</u> DUE TO (c) <u>History of Stomach ulcers</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>General Ascites.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>9 months</u> <u>1 yr.</u> <u>6 mo</u>
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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>5810</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>Oct 19, 1949</u> , to <u>June 6, 1950</u> , that I last saw the deceased alive on <u>June 5, 1950</u> , and that death occurred at <u>3:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>L. L. Latham M.D.</u> (Degree or title)				23b. ADDRESS <u>California Mo</u>		DATE SIGNED <u>8-8-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>6-8-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Flag Springs</u>		24d. LOCATION (City, town, or county) (State) <u>4 mi. S.W. of California Mo</u>		
DATE REC'D BY LOCAL REG. <u>6-9-50</u>		REGISTRAR'S SIGNATURE <u>H. R. Poppey 202</u>		FUNERAL DIRECTOR'S SIGNATURE <u>A. E. Welch</u>		ADDRESS <u>Mo</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 16 1960

RECEIVED JUN 10 1960
District Health Officer No. 9,
District File Number

VS DEC 5 1960

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

working under my personal supervision.

Student Embalmer No.....

Signed.....

A. E. Wilson

Signed.....
Student Embalmer

Licensed Embalmer No. *2351*

P. O. Address *California 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 this body is not embalmed, fact should be so stated above.