

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

377086

STATE FILE NUMBER

FILED NOV 14 1957

Registration District No. 316

Primary Registration District No. 3061

Registrar's No. 346

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Flat River, Inside Limits Yes ☒ No ☐		c. CITY OR TOWN Bonne Terre, Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR CUNNINGHAM Length of stay in lb Nursing Home 23 Days		d. STREET ADDRESS (If outside, give location) Bonne Terre, Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Middle Last Peter Murphy Mc Combs		4. DATE OF DEATH Month Day Year Nov. 1, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Sept. 15, 1886
9. AGE (In years last birthday) 71		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Day Hours Min. 1 17 9	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miner		10b. KIND OF BUSINESS OR INDUSTRY Minning,	
11. BIRTHPLACE (City and state or country) Bonne Terre, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME George Mc Combs		14. MOTHER'S MAIDEN NAME Daisy Miller	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes Unknown		16. SOCIAL SECURITY NO. 490-0301483	
17. INFORMANT Mrs. Janie, Mc. Combs; Bonne Terre		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cirrhosis, Portal DUE TO (b) Infectious Hepatitis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) ? Tumor of Rt. Kidney			INTERVAL BETWEEN ONSET AND DEATH 3 mo. 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2
20a. ACCIDENT ☐	SUICIDE ☐	HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	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 July 1957, to Nov. 1, 1957 and last saw him alive on Oct. 26, 1957. Death occurred at 5 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) R. A. Luckstep M.D.		22b. ADDRESS Farmington, Mo.	22c. DATE SIGNED 11/5/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 3, 1957	23c. NAME OF CEMETERY OR CREMATORY Adams Cemetery	23d. LOCATION (City, town, or county) (State) Bonne Terre, Rt. Missouri
24. FUNERAL DIRECTOR ADDRESS Sparks Funeral Home Bonne Terre, Mo.		25. DATE RECD. BY LOCAL REG. Nov. 5, 1957	26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

Everett S. Park

Licensed Embalmer No. 420

P. O. Address *Bonn, Tex.*
4/10/01

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.