

FILED APR 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13308

BIRTH NO. <u>20</u>		REG. DIST. NO. <u>247</u>		PRIMARY REG. DIST. NO. <u>8907</u>		Registrar's No. <u>22</u>		
1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Pemiscot</u> b. COUNTY <u>MO</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Steele MO R-2</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Steele MO R-2</u>		d. STREET ADDRESS (If rural, give location) <u>Coates Road</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Coates Road</u>				d. STREET ADDRESS (If rural, give location) <u>Coates Road</u>				
3. NAME OF DECEASED (First) <u>Columbus</u> (Middle) <u>Lee</u> (Last) <u>Holcomb</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-22-49</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>June 27 1877</u>	9. AGE (In years) last birthday <u>72</u>	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Tenn</u>		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S M maiden NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Janine Holcomb</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Henry M Holcomb Steele, R-2</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma prostate</u> ANTECEDENT CAUSES DUE TO (b) <u>Gland</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>177</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>18 months</u>	
19a. DATE OF OPERATION <u>1-25-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma prostate</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 21, 1946</u> , to <u>3-28, 1949</u> , that I last saw the deceased alive on <u>3-21, 1949</u> , and that death occurred at <u>8:59</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>A. Gullett M.D.</u>				23b. ADDRESS <u>Wardell MO</u>		23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3-27-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kennett</u>		24d. LOCATION (City, town, or county) (State) <u>Kennett MO</u>		
DATE RECD BY LOCAL REG. <u>4-10-49</u>		REGISTRAR'S SIGNATURE <u>L. W. Burman 249</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. S. Doby Rector Ark</u>				

(Licensed Embellisher's Statement on Reverse Side)

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

No. 300
10.4878
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4-49-109

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.

Signed Robert D Crawford

Signed _____
Student Embalmer

Licensed Embalmer No. 826

P. O. Address Rector Ark

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.