

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

D. Carter

FILED APR 16 1951

State File No. 13447

BIRTH NO. 16996-51 REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 30

782
1

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

1. PLACE OF DEATH a. COUNTY <u>Demarest</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Demarest</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Caruthersville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Caruthersville 0782</u>	
c. LENGTH OF STAY (In this place) <u>32 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>400 Brookfield Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>HOLCOMB</u> c. (Last) <u>HOLCOMB</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar-14-1951</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Mar-13-1951</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>1 32</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Caruthersville</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Lloyd Holcomb</u>		13b. MOTHER'S MAIDEN NAME <u>Helen Williams</u>		14. NAME OF HUSBAND OR WIFE <u>None</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>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. John Nelson Caruthersville, Mo.</u>		ADDRESS <u>Caruthersville, Mo.</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			INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis (Lobar atelectasis)</u>			
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown</u> DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>New born</u>				

19a. DATE OF OPERATION <u>no</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-------------------------------------	----------------------------------	-------------------------------------------------------------------------------------

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>7620</u>
-------------------------------------------------------	------------------------------------------------------------------------------------------	----------------------------------------------------------------

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
----------------------------------------------------	--------------------------------------------------------------------------------------------------------	----------------------------

22. I hereby certify that I attended the deceased from March 3, 1951, to March 14, 1951, that I last saw the deceased alive on March 14, 1951, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. O. Carter</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Caruthersville, Mo.</u>	23c. DATE SIGNED <u>3/16/51</u>
---------------------------------------------------------------------	--------------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/15/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Little Plains</u>	24d. LOCATION (City, town, or county) (State) <u>Caruthersville Mo.</u>
------------------------------------------------------------	-----------------------------	------------------------------------------------------------	----------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>4-13-1951</u>	REGISTRAR'S SIGNATURE <u>Louise B. Walker</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>La Forge and Co</u>	ADDRESS <u>Caruthersville Mo.</u>
----------------------------------------------	--------------------------------------------------	------------------------------------------------------------	--------------------------------------

4-51-105

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

APR 17 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 Arnold B. Moon

Licensed Embalmer No. 4636

P. O. Address Caruthersville

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.