

FILED SEP 6 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 27925

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 305C		Registrar's No. 202	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u> <u>0863</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		c. LENGTH OF STAY (In this place) <u>0863</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		d. STREET ADDRESS (If rural, give location) <u>109 Brinkerhoff</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>109 Brinkerhoff</u>				d. STREET ADDRESS (If rural, give location) <u>109 Brinkerhoff</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rose</u>		b. (Middle)		c. (Last) <u>Holcomb</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 26 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 23 1881</u>		9. AGE (In years last birthday) <u>70</u>	MONTHS <u>5</u>	DAYS <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>✓</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>Mo</u>	
13a. FATHER'S NAME <u>Ignatius Lier</u>		13b. MOTHER'S MAIDEN NAME <u>no data</u>		14. NAME OF HUSBAND OR WIFE <u>Walter H. 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>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Walter H. Holcomb, Moberly</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>Myocarditis</u>  ANTECEDENT CAUSES DUE TO (b) <u>Hodgkin's disease</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>High Blood Pressure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>several mos.</u>  <u>1 1/2 yrs.</u>  <u>several yrs.</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>201X</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>201X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>-</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>-</u>			
22. I hereby certify that I attended the deceased from <u>Feb. 21 1950</u> , to <u>Aug. 26 1951</u> , that I last saw the deceased alive on <u>August 10 1951</u> , and that death occurred at <u>7:20 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (In care or title) <u>Dr. L. E. Huber, MD</u>				23b. ADDRESS <u>400 1/2 West Reed, Moberly, Mo</u>		23c. DATE SIGNED <u>August 28/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Aug 27 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Mary's</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly Mo</u>		
DATE REC'D BY LOCAL REG. <u>8/27/51</u>		REGISTRAR'S SIGNATURE <u>Leah Dulleave</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lois Mahon and Son</u>		ADDRESS <u>Moberly, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: SEP 4 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 9-51-1542  
Date Filed: SEP 5 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 Frank W. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.