P. B. Hosp.

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7512

State File No.

BIRTH NO. FED APR 10 1952 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 144

1. PLACE OF DEATH
a. COUNTY Butler 0124
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Poplar Bluff, Mo.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Poplar Bluff Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY Butler 0124
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Poplar Bluff
d. STREET ADDRESS (If rural, give location) 115 South Eighth

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Allen c. (Last) Holcomb

4. DATE OF DEATH (Month) (Day) (Year) March 1, 1952

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH March 29, 1861
9. AGE (In years last birthday) 90 IF UNDER 1 YEAR Months 11 Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Machine Shop
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Greenbush N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Eliza Webb
14. NAME OF HUSBAND OR WIFE Kittye Q. Holcomb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Frank Holcomb ADDRESS Poplar Bluff, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart disease

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-28, 1952, *to* 3-1, 1952, *that I last saw the deceased alive on* 3-1, 1952, *and that death occurred at* 9:10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) 0
23b. ADDRESS Poplar Bluff Mo
23c. DATE SIGNED 3-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0
24b. DATE 3-3-52
24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.
24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.

DATE REC'D BY LOCAL REG. 3-28-52
REGISTRAR'S SIGNATURE Wm. H. Johnson 428
25. FUNERAL DIRECTOR'S SIGNATURE Frank Cotrell ADDRESS Poplar Bluff, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
APR 7 - 1952
BUTLER CO. HEALTH CENTER
FILE No. 452-187

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 Wallace R. Knight

Licensed Embalmer No. 4514

P. O. Address 412 Main St. - Poplar Bluff

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.