

No. 300
10. 48

FILED JAN 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 845

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5370 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Daviess		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Caldwell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Union Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hamilton	
c. LENGTH OF STAY (In this place) XXX		d. STREET ADDRESS (If rural, give location) /	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wabash Crossing			

3. NAME OF DECEASED (Type or Print)	a. (First) Donnie	b. (Middle) Dean	c. (Last) Holcomb	4. DATE OF DEATH (Month) (Day) (Year) January 9 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Nov. 13 1934	9. AGE (In years last birthday) 18	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm Laborer	11. BIRTHPLACE (City and State or Foreign Country) Horton, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Robert Holcomb	13b. MOTHER'S MAIDEN NAME Goldie Marie Hogan	14. NAME OF HUSBAND OR WIFE ---
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No ---	16. SOCIAL SECURITY NO. 500-36-4932	17. INFORMANT'S SIGNATURE OR NAME Robert Holcomb	ADDRESS Hamilton, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH instant
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		E8104 27	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 031	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 6-Mo	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Union Twp Daviess Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 9 1953 2:10 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Train-car crash

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE (P.S. Baumgardner) (Degree or title) DO	23b. ADDRESS Box 88 Coffey Mo	23c. DATE SIGNED 11.15.53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-12-1953	24c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge Cem.	24d. LOCATION (City, town, or county) (State) Harrison County, Missouri
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DATE REC'D BY LOCAL REG. 1-14-53	REGISTRAR'S SIGNATURE Virginia M. Engelhart	25. FUNERAL DIRECTOR'S SIGNATURE R. O. Jackson	ADDRESS Hope Funeral Home, Gallatin, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

310
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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

L. C. Johnson
Licensed Embalmer No. 3302

P. O. Address

Salisbury, Me.

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.