

FILED AUG 23 1954

STANDARD CERTIFICATE OF DEATH

26319

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 892

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Davies</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>1 week</u>	c. CITY OR TOWN <u>Coffey</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 2</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>XX</u>	

3. NAME OF DECEASED (Type or Print) <u>Dorothy</u>	a. (First)	b. (Middle) <u>Faye</u>	c. (Last) <u>Holcomb</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8/13/1954</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>12/17/1929</u>	9. AGE (In years last birthday) <u>24 yr.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaking</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Pattonsburg, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Ermal Brown</u>	13b. MOTHER'S MAIDEN NAME <u>Lucille Clark</u>	14. NAME OF HUSBAND OR WIFE <u>Charles Holcomb</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ermal Brown, Gallatin, Mo. R.1</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>1 day</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Strangulation by Hanging</u>		Unknown
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Schizophrenia</u> DUE TO (c) <u>Woman hanged herself with a bathrobe</u>		
II. OTHER SIGNIFICANT CONDITIONS <u>Record around her neck attached to the shower curtain rod over the door of the bath, apparently stepped off a</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>foot stool</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>State Hosp. #2</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Joseph, Buchanan, Missouri</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug. 13, 1954 1.20p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Self-inflicted</u>

22. I hereby certify that I ~~attended the deceased~~ viewed the deceased ~~from~~ on 8/13/1954, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1.20p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. J. Mundy (Coroner) M.D.</u>	23b. ADDRESS <u>St. Joseph, Missouri</u>	23c. DATE SIGNED <u>8/13/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 16, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grandriver Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>Jameson, Missouri</u>

DATE REC'D BY LOCAL REG. <u>Aug 17, 1954</u>	REGISTRAR'S SIGNATURE <u>Bother M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Pattonsburg, Mo.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed *Louis J. [Signature]*.....

Licensed Embalmer No. *1704*

P. O. Address *[Signature]*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.