

FILED SEP 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **30348**BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5466 Registrar's No. 850-A

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Cook	
b. CITY (If outside corporate limits, write RURAL and give township) Rural, S. Campbell Twp.		c. CITY (If outside corporate limits, write RURAL and give township) Chicago	
c. LENGTH OF STAY (in this place) 6 mos. 26 days		d. STREET ADDRESS (If rural, give location) Unknown	
d. FULL NAME OF HOSPITAL OR INSTITUTION Medical Center for Federal Prisoners		e. STREET ADDRESS (If rural, give location) Unknown	

3. NAME OF DECEASED (Type or Print) a. (First) Robert	b. (Middle) Varne	c. (Last) Holcombe	4. DATE OF DEATH (Month) (Day) (Year) Sept. 9, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 25, 1904	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (State or foreign country) Pennsylvania	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Dorr Halcombe	13b. MOTHER'S MAIDEN NAME Nell (?) Halcombe	14. NAME OF HUSBAND OR WIFE Bernice Thompson Halcombe
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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. Unknown	17. INFORMANT'S SIGNATURE OR NAME FILE:M.C.F.P., Springfield, Missouri	ADDRESS Springfield, Missouri
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Inanition		ANTECEDENT CAUSES Carcinomatosis generalized probably secondary to adenocarcinoma left kidney.		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) 180X		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS. More complete report will be submitted after completion Autopsy report.		
Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION:		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT (Specify) SUICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Feb. 15, 1954, to Sept. 9, 1954, that I last saw the deceased alive on Sept. 9, 1954, and that death occurred at 10:30a. m., from the causes and on the date stated above.

23a. SIGNATURE E. C. RINCK, M.D., Clinical Director	(Degree or title)	23b. ADDRESS Medical Center for Federal Prisoners, Springfield, Mo.	23c. DATE SIGNED 9-10-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9/10/1954	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Gorry, Pennsylvania
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DATE REC'D BY LOCAL REG. 9-17-54	REGISTRAR'S SIGNATURE Arthur Williamson	FUNERAL DIRECTOR'S SIGNATURE Harry C. Cope	ADDRESS Springfield, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

MISSOURI PERMANENT RECORDS
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A COPY

STATEMENT BY LICENSED EMBALMER

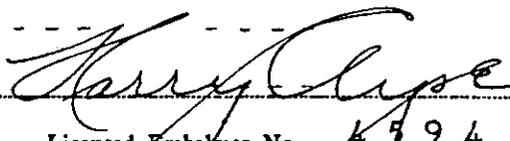
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision. _____

Student
Student Embalmer

Signed _____



Licensed Embalmer No. 4794

P. O. Address Springfield, 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.