

FILED FEB 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1701

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4308 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Arkansas</u> b. COUNTY <u>Benton</u>					
b. CITY OR TOWN <u>Asch</u>		c. LENGTH OF STAY (In this place) <u>5 days</u>		c. CITY OR TOWN <u>Sulphur Springs</u> <u>RD 30</u>		d. STREET ADDRESS (If rural, give location) <u>8</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mountain Clinic</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>GRANNIE</u>			b. (Middle) <u>LOUISE</u>		c. (Last) <u>Holcomb</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 15 1955</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED NEVER MARRIED, WIDOWED SEPARATED (Specify) <u>0</u>		8. DATE OF BIRTH <u>Nov 25-1947</u>		9. AGE (In years last birthday) <u>7</u> if UNDER 1 YEAR: Months _____ Days _____ if UNDER 24 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>SILOAM SPRINGS, A.R.K.</u>			12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>HOWARD Holcomb</u>			13b. MOTHER'S MAIDEN NAME <u>PAULINE WHELLET</u>			14. NAME OF HUSBAND OR WIFE <u>Howard Holcomb</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Howard Holcomb</u> ADDRESS <u>Sulphur Springs</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>Adeno sarcoma metastatic to all tissues</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Primary in Kidney</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Aug 1954</u> <u>June 1954</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>180 X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Jan 10, 1955</u> , to <u>Jan 15, 1955</u> , that I last saw the deceased alive on <u>Jan 15, 1955</u> , and that death occurred at <u>6:35 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>D. D. Fountain D.O.</u>				23b. ADDRESS <u>1001 9th</u>			23c. DATE SIGNED <u>Jan 15 55</u>		
24a. BURIAL CREMATION (REMOVAL) (Specify) <u>Burial</u>		24b. DATE <u>Jan 16-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Butler Creek</u>		24d. LOCATION (City, town, or county) (State) <u>North-Sulphur Spgs, Ark</u>			
DATE REC'D BY LOCAL REG. <u>1-20-55</u>		REGISTRAR'S SIGNATURE <u>Marjorie Humphrey</u> <u>4230</u>		25. FUNERAL DIRECTOR'S SIGNATURE (Address) <u>Callison M. Kinney, Gravette, Ark</u>					

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed *Lewis D Day* _____

Licensed Embalmer No. *912* _____

P. O. Address _____

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.