

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21494

State File No. _____

FILED AUG 1 - 1955

BIRTH NO. _____ REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 4121 Registrar's No. 80

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

3. NAME OF DECEASED (Type or Print)	a. (First) <u>BENJAMIN</u>	b. (Middle) <u>ARTHUR</u>	c. (Last) <u>HOLCOMB</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 22, 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 19, 1871</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>- - - -</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Billings, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Holcomb</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jane Smart</u>	14. NAME OF HUSBAND OR WIFE <u>Amy Pearl Wells</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Amy P. Wells, Billings, Mo.</u>	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angina Pectoris</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis- general</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4202</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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 Aug. 17, 1951, to July 22, 1955, that I last saw the deceased alive on July 22, 1955, and that death occurred at 12:50 PM from the causes and on the date stated above.

23a. SIGNATURE <u>P. W. Marshall, D.C.</u> (Degree or title)	23b. ADDRESS <u>Billings, Mo.</u>	23c. DATE SIGNED <u>July 22/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 24, '55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Smart Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Billings, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>July 23, 1955</u>	REGISTRAR'S SIGNATURE <u>Oliver Hutton</u>	508	25. FUNERAL DIRECTOR'S SIGNATURE <u>John Dean Harris</u>	ADDRESS <u>Clever, Mo.</u>
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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..... *John Dean Harris*

Licensed Embalmer No. *4390*

P. O. Address..... *Cleveland*

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.