

FILED SEP 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29970

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>3127</u>		Registrar's No. <u>135</u>	
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>WEBB CITY</u>		c. LENGTH OF STAY (in this place) <u>50 YRS</u>		c. CITY OR TOWN <u>WEBB CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>626 SOUTH WALKER STREET</u>				f. STREET ADDRESS (If rural, give location) <u>626 SOUTH WALKER STREET</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>RASHA</u>		b. (Middle) _____		c. (Last) <u>HOLCOMB</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPTEMBER 14, 1955</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>JULY 9, 1897</u>	
9. AGE (In years last birthday) <u>58</u>		10. MONTHS <u>2</u>		11. DAYS <u>5</u>		12. IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETAIL LIQUOR STORE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LIQUOR STORE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>DADE COUNTY, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ALLEN HOLCOMB</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY J. DILLON</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>494-18-1302</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>TED BENNETT 2203 COLLEGE KANSAS CITY, MO.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Collapse</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>coronary Occlusion</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cirrhosis of the Liver</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.) _____		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>II-4-</u> , <u>1952</u> , to <u>9-14-</u> , <u>1955</u> , that I last saw the deceased alive on <u>9-14-</u> , <u>1955</u> , and that death occurred at <u>12:05P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. W. Forbes D.O.</u>				23b. ADDRESS <u>106 S. Main St. Webb City, Mo.</u>		23c. DATE SIGNED <u>9-17-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>SEPT. 17, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CARTERVILLE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CARTERVILLE, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>9-18-55</u>		REGISTRAR'S SIGNATURE <u>Ms. Madeline Switzer</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>HEDGE LEWIS FUNERAL HOME WEBB CITY, MO.</u>			

(Licensed Emballer's Statement on Reverse Side)

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

SEP 29 1955

SEP 29 1955

Date Filed
SEP 26 1955

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 *Leonard Lewis*.....

Licensed Embalmer No...450

P. O. Address *Webb a*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.