

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1602**

FILED FEB 14 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 450

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JASPER</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>JASPER</b>  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JOPLIN</b>   |  | c. CITY OR TOWN <b>JOPLIN</b>   |  |
| c. LENGTH OF STAY (In this place) <b>2 YRS.</b>  |  | 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 <b>1809 GRAND</b>  |  | STREET ADDRESS (If rural, give location) <b>R.F.D. #3, JOPLIN MO</b>  |  |
| 3. NAME OF DECEASED<br>a. (First) <b>JAMES</b><br>(Type or Print)  |  | b. (Middle) _____ c. (Last) <b>HOLCOMB</b>  |  |
| 4. DATE OF DEATH (Month) (Day) (Year) <b>JAN 24 1956</b>   |  | 5. SEX: <b>MALE</b> 6. COLOR OR RACE <b>WHITE</b>   |  |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>UNKNOWN</b>  |  | 8. DATE OF BIRTH <b>UNKNOWN</b>   |  |
| 9. AGE (In years last birthday) <b>72</b>  |  | 10. IF UNDER 1 YEAR Months _____ Days _____ 11. UNDER 14 HRS. Hours _____ Min. _____  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>GENERAL</b>  |  |
| 11. BIRTHPLACE (City and State or Foreign Country) <b>NO RECORD</b>  |  | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>  |  |
| 13a. FATHER'S NAME <b>NO RECORD</b>  |  | 13b. MOTHER'S MAIDEN NAME <b>NO RECORD</b>  |  |
| 14. NAME OF HUSBAND OR WIFE _____  |  | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>   |  |
| 16. SOCIAL SECURITY NO. _____  |  | 17. INFORMANT'S SIGNATURE OR NAME <b>MRS MARY THORNTON</b> ADDRESS <b>JOPLIN</b>  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <b>Respiratory Insufficiency</b><br>DUE TO (b) <b>Primary atypical pneumonia</b><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Malnutrition</b> |  |
| INTERVAL BETWEEN ONSET AND DEATH <b>48 hours</b>   |  | 19a. DATE OF OPERATION <b>None</b>  |  |
| 19b. MAJOR FINDINGS OF OPERATION <b>None</b>   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>  |  |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Joplin Jasper Mo.</b>   |  | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>None</b>   |  |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR? <b>None</b>  |  |
| 22. I hereby certify that I attended the deceased from <u>1-23-1956</u> , to <u>1-24-1956</u> , that I last saw the deceased alive on <u>1-23-1956</u> , and that death occurred at <u>3:12 P.M.</u> , from the causes and on the date stated above. |  |   |  |
| 23a. SIGNATURE (Degree or title) <b>J. E. Stephens, M.D.</b>   |  | 23b. ADDRESS <b>2211 W. 20th, Joplin</b>  |  |
| 23c. DATE SIGNED <b>1-30-56</b>  |  | 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>   |  |
| 24b. DATE <b>JAN 28 1956</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY <b>FAIRVIEW</b>  |  |
| 24d. LOCATION (City, town, or county) (State) <b>JOPLIN MO</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Novie Mervan</b> ADDRESS <b>Harriet Stora Joplin</b>  |  |
| DATE REC'D BY LOCAL REG. <b>1-31-56</b>  |  | REGISTRAR'S SIGNATURE <b>523</b>  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 13 1956  
Jasper County Health Office

County File Number 56-2-131  
Date Filed FEB 13 1956

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... *Bob Geover* .....

Licensed Embalmer No. 45

P. O. Address Joplin

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.