

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22815**

FILED JUL 23 1956

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 5116 Registrar's No. 25

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

3. NAME OF DECEASED (Type or Print) Oscar	a. (First)	b. (Middle)	c. (Last) Hombs	4. DATE OF DEATH July 19, '56
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5. SEX Male	6. COLOR OR RACE Caucasian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Aug. 11, 1882	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR 11 Months 8 Days	IF UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and State or Foreign Country) Woodlandville, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME William Silas Hombs	13b. MOTHER'S MAIDEN NAME Sarah Jane Holten	14. NAME OF HUSBAND OR WIFE Naomi Ethel Hombs (dec)
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Hugh Hulen, Centralia, Mo.	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured neck and other bones - Partial evisceration		INTERVAL BETWEEN ONSET AND DEATH Instant death -
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			8184

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 30	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT suicide homicide Car-horse collision	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, or bldg., etc.) Home Hwy 63	21c. (CITY, TOWN, OR TOWNSHIP) Boubon Boone (COUNTY) Boone (STATE) Mo.
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21d. TIME OF INJURY (Month) July (Day) 19-1956 (Year) 11 (Hour) 11	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? In collision of horse he was riding and an automobile -
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22. I hereby certify that I attended the deceased from **Coroner's Case**, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Dr. J. S. Neal, M.D. (Degree or title) 3	23b. ADDRESS Columbia, Mo	23c. DATE SIGNED 7/20/56
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24a. BURIAL, CREMATION, REBURIAL (Specify) Burial	24b. DATE July 22, 1956	24c. NAME OF CEMETERY OR CREMATORY Bethlehem	24d. LOCATION (City, town, or county) (State) near Harrisburg, Mo.
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DATE REC'D BY LOCAL REG. July 21-1956	REGISTRAR'S SIGNATURE Maud McBride	25. FEDERAL DIRECTOR'S SIGNATURE Bill G. Meador ADDRESS Centralia, Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JUL 30 1958

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

Bill O. Madala

Licensed Embalmer No. 4976

P. O. Address

Centerville, Md.

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.