

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 2 - 1956

State File No. **24641**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **277** PRIMARY REG. DIST. NO. **5952** Registrar's No. **38**

1. PLACE OF DEATH a. COUNTY <b>Pike</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Ralls</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Spencer</b>		c. CITY OR TOWN <b>Vandalia R</b>	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) <b>---</b>		e. STREET ADDRESS (If rural, give location) <b>0870</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ollie</b> b. (Middle) <b>Henry</b> c. (Last) <b>Holcombrink</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 26, 1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>June 6, 1886</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>21</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Silex, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>James Holcombrink</b>	13b. MOTHER'S MAIDEN NAME <b>Nancy M. Estes</b>	14. NAME OF HUSBAND OR WIFE <b>Elizabeth Holcombrink</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>none</b>	17. INFORMANT'S SIGNATURE, OR NAME AND ADDRESS <b>Mrs R. D. Trower Dexter 821 W Walnut St Mo.</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ruptured Ulcer of Stomach</b>		
	ANTECEDENT CAUSES DUE TO (b) <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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)
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 **7-25**, 19**56**, to **7-26**, 19**56**, that I last saw the deceased alive on **7-25**, 19**56**, and that death occurred at **9:30P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. M. Mathews M.D.</b>	23b. ADDRESS <b>Bowling Green Mo</b>	23c. DATE SIGNED <b>7-28-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 29, 56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Curryville Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Curryville, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>7/28/56</b>	REGISTRAR'S SIGNATURE <b>Bill Robinson</b>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Grace Bankhead Bowling Green, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2540

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 *James C. Kinke*.....

Licensed Embalmer No. *4597*

P. O. Address *Baltimore*.....

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.