FILED MAR 14 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5131

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 82

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1504 W. Truman — Length of stay in 1b 2 yrs 3 mos

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Independence — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 1504 W. Truman — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Drayton Middle A Last Holcomb

4. DATE OF DEATH Month Feb. Day 26 Year 1957

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH May 11, 1871
9. AGE (In years last birthday) 85 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (City and state or country) Shelby Co. Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Chauncey S. Holcomb
14. MOTHER'S MAIDEN NAME Mary M. Wight

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. none
17. INFORMANT Helen Jackson — Address 1039 Orchard, Indep. Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Encephalomalacia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) - cerebral arteriosclerosis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH weeks years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 332X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1955, to 2/26/57 and last saw ~~her~~ him alive on
Death occurred at 6:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Vance E. Link, M.D.
22b. ADDRESS 10901 Winner Rd Independence, Mo
22c. DATE SIGNED 3/1/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE March 1, 1957
23c. NAME OF CEMETERY OR CREMATORY Mound Grove Cemetery
23d. LOCATION (City, town, or county) Independence (State) Mo.

24. FUNERAL DIRECTOR Roland R. Speaks — ADDRESS Indep. Mo.
25. DATE RECD. BY LOCAL REG. 3-1-57
26. REGISTRAR'S SIGNATURE James [illegible]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

MAR 11 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R. Kenneth Patterso

Licensed Embalmer No. 46

P. O. Address Indepe

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