

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1681

STATE FILE NUMBER

FILED JAN 27 1958

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 9

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, give TOWNSHIP only) OR TOWN <u>Carthage</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Carthage</u> <u>0493</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1208 James</u> Length of stay in lb		d. STREET ADDRESS <u>1208 James</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Bert</u> Middle <u>Holcomb</u> Last <u>Holcomb</u>			4. DATE OF DEATH Month <u>Jan</u> Day <u>15</u> Year <u>1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 20, 1872</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret'd Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	9. AGE (In years last birthday) <u>85</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> IF UNDER 24 HRS.: Hours <u>0</u> Min. <u>0</u>
11. BIRTHPLACE (City and state or country) <u>Cranage, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Orlando Holcomb</u>		14. MOTHER'S MAIDEN NAME <u>Lida Stults</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u> <u>Sh. Am. War</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Mrs Alta Holcomb, Carthage, Mo.</u> Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Occlusion, Coronary Artery</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <u>Senility.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Prostate Gland Hypertrophy with Urine Retention</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) <u>4201</u>		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 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 <u>Sept 26 '57</u> to <u>Jan 15 '58</u> and last saw <u>him</u> alive on <u>Jan 14 '58</u> Death occurred at <u>11:30</u> <u>PM</u> on the <u>15</u> day of <u>Jan</u> 19 <u>58</u> ; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>George H. Wood</u> M.D.		22b. ADDRESS <u>Carthage, Mo.</u>	
22c. DATE SIGNED <u>1-16-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-18-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Friends Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Carthage Mo.</u>
24. FUNERAL DIRECTOR <u>Ulmer Funeral Home, Carthage, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1-17-58</u>	26. REGISTRAR'S SIGNATURE <u>Elm Clinton</u>

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service
300-1-56
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JAN 28 1958

JAN 29 1958

Date Filed
JAN 29

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 *Edwin C. Shmer*.....

Licensed Embalmer No. *49*

P. O. Address *Centerville*

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