

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-014886  
State File No.

FILED MAY 13 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. ~~181~~ 181 PRIMARY REG. DIST. NO. 5675 Registrar's No. 32

0570

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

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

3. NAME OF DECEASED (Type or Print) <b>EDITH</b>	a. (First)	b. (Middle) <b>ETHEL</b>	c. (Last) <b>HOLCOMB</b>	4. DATE OF DEATH <b>May 4, 1958</b>
--	------------	--------------------------	--------------------------	-------------------------------------

5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Oct. 29, 1893</b>	9. AGE (in years last birthday) <b>64</b>	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) <b>sewing machine operator - Glove Factory</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Pike County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
--	-----------------------------------	---	---

13a. FATHER'S NAME <b>James Lockett</b>	13b. MOTHER'S MAIDEN NAME <b>Rebecca Crouch</b>	14. NAME OF HUSBAND OR WIFE <b>Vernon Holcomb</b>
---	---	---

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. <b>526-18-9562</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. William Norvell - Elsberry, Mo.</b>	ADDRESS
--	--	---	---------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of right ovary</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.  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? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

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 **Jan 6, 1958** to **May 4, 1958** that I last saw the deceased alive on **May 4, 1958**, and that death occurred at **9:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Robert N. Hall M.D.</b>	23b. ADDRESS <b>316 Broadway, Elsberry, Mo.</b>	23c. DATE SIGNED <b>May 5, 1958</b>
---	---	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5-6-58</b>	24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Elsberry, Missouri</b>
---	-------------------------	---	---

DATE REC'D BY LOCAL REG. <b>5/10/1958</b>	REGISTRAR'S SIGNATURE <b>Mrs. Clarence Kientz</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ricks Funeral Home</b>	ADDRESS <b>Elsberry, Mo.</b>
---	---	--	------------------------------

1550

**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 .....

Licensed Embalmer No. 4012  
P. O. Address Elsbury, Mo

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.