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REG.#17559

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-039059

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 652

1. PLACE OF DEATH
a. COUNTY BUTLER
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) POPLAR BLUFF — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) VETERANS ADM.HOSPITAL — Length of stay in 1b 1 DAY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY DUNKLIN
c. CITY OR TOWN KENNETT 0350 — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) ROUTE THREE — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First HENRY Middle CORNELIUS Last HOLCOMB

4. DATE OF DEATH Month NOVEMBER Day 14 Year 1958

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH 1-20-94
9. AGE (In years last birthday) 64 — 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) LABORER
10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE
11. BIRTHPLACE (City and state or country) RECTOR, ARKANSAS
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME HENRY HOLCOMB
13b. MOTHER'S MAIDEN NAME JULIA HILL
14. NAME OF HUSBAND OR WIFE MYRTLE HOLCOMB

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO. 487203694
17. INFORMANT VA HOSPITAL RECORDS, POPLAR BLUFF, MO. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	BRONCHOPNEUMONIA, PREDOMINATELY RIGHT LOWER LOBE. Edm	1 week.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. ~~DUE TO~~ (b)	ARTERIOSCLEROTIC HEART DISEASE. 491 X Edm	5 Years
~~DUE TO~~ (c)	ARTERIOSCLEROTIC VASCULAR DISEASE, MANIFESTED BY CARDIOVASCULAR ACCIDENT AND HEMIPLEGIA AND Edm	10 Years.

~~PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)~~
BILATERAL AMPUTATION, SECONDARY TO PERIPHERAL ARTERIOSCLEROTIC VASCULAR DISEASE.

19. WAS AUTOPSY PERFORMED? NO YES [ ] NO [X] 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. VA attended the deceased from Nov. 14, 1958, to Nov. 14, 1958 hour min
Death occurred at 8:45 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert S. Cohen (Deceased's attending physician) ROBERT S. COHEN, M.D., Chief, Medical Svc.
22b. ADDRESS VA HOSPITAL, POPLAR BLUFF, MO.
22c. DATE SIGNED 11/17/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE II-I6-I958
23c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery
23d. LOCATION (City, town, or county) (State) Kennett, Missouri

24. FUNERAL DIRECTOR Lloyd Russell ADDRESS Piggott, Arkansas
25. DATE REC'D. BY LOCAL REG. 11/22/58
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Health, Welfare Public Service

300 0 -57

FILE No.

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 Gerald W. Hoggard

Licensed Embalmer No. 116

P. O. Address Pagosa Springs

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.