

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035943

FILED VS OCT 19 1959 / 32

Registration District No. _____ Primary Registration District No. 3021 Registrar's No. 173

STATE FILE NUMBER

UNDECEASED

1. PLACE OF DEATH a. COUNTY Grundy				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Grundy			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton		Length of stay in 1b 49 yrs		c. CITY OR TOWN Trenton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION E. Crowder Nursing Hm.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 317 So. Main		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Ida Middle Arthelia Last Holcomb				4. DATE OF DEATH Month Oct. Day 13, Year 1959			
5. SEX female	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/7/75	9. AGE (last birthday) 84/0/6	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Illinois		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME David Allen Barlow			13b. MOTHER'S MAIDEN NAME Mary Etta Manering		14. NAME OF HUSBAND OR WIFE William Z. Holcomb		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT W Z Holcomb Trenton Mo 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) Myocarditis DUE TO (b) Atherosclerosis DUE TO (c) Senility Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)			
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 Sept 1st 1954 and last saw her Oct 13-1959 alive on _____ Death occurred at 4:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Thos A. Jansen MD (Degree or title)				22b. ADDRESS Trenton Mo		22c. DATE SIGNED 10-13-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 15, 1959	23c. NAME OF CEMETERY OR CREMATORY Brown Cemetery		23d. LOCATION (City, town, or county) (State) Gallatin, Missouri			
24. FUNERAL DIRECTOR Gipson Funr. Home, Trenton, Mo. ADDRESS _____			25. DATE RECD. BY LOCAL REG. 10/15/59	26. REGISTRAR'S SIGNATURE Jane Jais			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

~~_____~~, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Hal Shouber

Licensed Embalmer No. 340

P. O. Address Trenton, D.
Bx 95

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.