

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-005880

FILED VS. MAR 7 1960 / 28

Registration District No. 2000 Primary Registration District No. 2000 Registrar's No. 2330 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY TEXAS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b 1 yr.	c. CITY OR TOWN Willow Springs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Merey Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RFD #3
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Fannie Middle Holcomb Last Holcomb			4. DATE OF DEATH Month February Day 24 Year 1960			
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 12-10-1875	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months 8 Days 4	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work		10b. KIND OF BUSINESS OR INDUSTRY House Wife	11. BIRTHPLACE (City and state or country) Texas	12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME JAMES HARRISON		13b. MOTHER'S MAIDEN NAME GROVES		14. NAME OF HUSBAND OR WIFE Ben Holcomb		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address Maude Schnurr Cabool, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myeloid Leukemia		INTERVAL BETWEEN ONSET AND DEATH 3 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Old Cerebral Hemorrhage.		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
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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.)	
20c. TIME OF INJURY Hour 1:30 a.m. _____ p.m. _____ Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 **1/12/59** to **2/24/60** and last saw her alive on **2/24/60**
Death occurred at **1:30 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Johnnie J. Gentry		22b. ADDRESS Springfield		22c. DATE SIGNED 3-1-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-25-60	23c. NAME OF CEMETERY OR CREMATORY CABOOL CEMETERY	23d. LOCATION (City, town, or county) (State) CABOOL, MISSOURI	
24. FUNERAL DIRECTOR Jim Gentry	ADDRESS CABOOL, Mo.	25. DATE RECD. BY LOCAL REG. 2-2-60	26. REGISTRAR'S SIGNATURE Effie S. Melton	

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
or by Bill M. Abbott, Student Embalmer No. 3

working under my personal supervision.

Student

Bill M. Abbott
Signature of Student Embalmer

Signed

Gene L. Hunter

Licensed Embalmer No. 478

P. O. Address Sydney, Va.

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.