MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 11 1960

60-023641
STATE FILE NUMBER

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 81

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Warrensburg — Length of stay in 1b: 50 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Warrensburg Medical Center — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Johnson
c. CITY OR TOWN: Warrensburg — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 304 S. Maguire — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: DANIEL Middle: FERDINAND Last: HOLCOMB
4. DATE OF DEATH: Month: July Day: 4 Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-8-1872
9. AGE (last birthday): 87 — 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): Retired Mail Carrier
10b. KIND OF BUSINESS OR INDUSTRY: Post Office Dept.
11. BIRTHPLACE (City and state or country): Yadkin County N.Car.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Alfred Frederick Holcomb
13b. MOTHER'S MAIDEN NAME: Flora Cinderella Ray
14. NAME OF HUSBAND OR WIFE: Mrs. Sophia Holcomb
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Sophia Holcomb, Address: Warrensburg, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 2 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Carcinoma Right Kidney — 2 years
DUE TO (c):
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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. I attended the deceased from May 4, 196 to July 4, 1960 and last saw ~~him~~ alive on July 4, 1960
Death occurred at 10:50 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title) MD
22b. ADDRESS: Warrensburg, Missouri
22c. DATE SIGNED: 7-5-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: July 6, 1960
23c. NAME OF CEMETERY OR CREMATORY: Sunset Hill Cemetery
23d. LOCATION (City, town, or county) (State): Warrensburg, Missouri
24. FUNERAL DIRECTOR ADDRESS: The Brauningers, Warrensburg, Mo.
25. DATE RECD. BY LOCAL REG.: July 6, 1960
26. REGISTRAR'S SIGNATURE: Savannah Curtsfield

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT — BY AFFIDAVIT OF

JUL 12 1960

AUG 26 1960

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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Robert G. Landes

Licensed Embalmer No. 5703

P. O. Address Warensburg,

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