

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018142

STATE FILE NUMBER

AMENDED

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 37

FILED JUN 6 1961

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>TANEY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MT. VERNON</u>		Length of stay in 1b <u>1 day</u>	c. CITY OR TOWN <u>BRANSON</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MO. S. SAN.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>LONG BEACH ROAD</u>
3. NAME OF DECEASED (Type or print) First <u>NORTON</u> Middle <u>LEE</u> Last <u>HOLCOMB</u>		4. DATE OF DEATH Month <u>MAY</u> Day <u>27</u> Year <u>1961</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>AUG. 18, 1893</u>
9. AGE (last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>9</u>	IF UNDER 24 HR Days <u></u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BOAT PILOT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (City and state or country) <u>unknown</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>GRANT HOLCOMB</u>	
13b. MOTHER'S MAIDEN NAME <u>CISTA HOLCOMB DUNCAN</u>		14. NAME OF HUSBAND OR WIFE <u>FLORENCE HOLCOMB</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NONE LISTED</u>		16. SOCIAL SECURITY NO. <u>NONE LISTED</u>	17. INFORMANT Address <u>HOSPITAL RECORD</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CORONARY OCCLUSION</u> DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE</u> DUE TO (c) <u></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u></u>			INTERVAL BETWEEN ONSET AND DEATH <u>SEVERAL YEARS</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>PULMONARY T.B.C.</u>			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 checked="" 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 <u></u> a.m. <u></u> p.m. <u></u>	Month, Day, Year <u></u>		
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 <u>5-27-61</u> to <u>5-27-61</u> and last saw him alive on <u>5-27-61</u> Death occurred at <u>5:10 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Geo. H. Hobbs, M.D.</u>		22b. ADDRESS <u>Mt. Vernon, Mo.</u>	22c. DATE SIGNED <u>5/27/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>May -27-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Grove Semetary</u>	23d. LOCATION (City, town, or county) (State) <u>Branson Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Whelchel Funeral Home Branson Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>5-29-61</u>	26. REGISTRAR'S SIGNATURE <u>M.D. Dusselt</u>

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

JUN 7 1961

023 174

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 Mat L Fossett

Licensed Embalmer No. 4252

P. O. Address M Wernow

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.