MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000612
STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 50

FILED JAN 29 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
2	2168	2160	
3			
4	1		
5	C		
6			
7	0		
8	2		
9	1/4/19		
10			
11			
12	2-0		
13	1-0		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cape Girardeau
Length of stay in 1b: 7 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Francis Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Cape Girardeau
c. CITY OR TOWN: Cape Girardeau
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R. F. D. # 1
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Nell Middle: Jerene Last: Holcomb

4. DATE OF DEATH: Month: January Day: 19 Year: 1963

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 9/12/96

9. AGE (last birthday): 66
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): Teacher (Retired)

10b. KIND OF BUSINESS OR INDUSTRY: School

11. BIRTHPLACE (City and state or country): Cape Girardeau, Mo.

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: John T. Holcomb

13b. MOTHER'S MAIDEN NAME: Martha J. Hopper

14. NAME OF HUSBAND OR WIFE:

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: Orville Holcomb Address: Cape Girardeau, Mo.

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): Cancer of The Tongue — INTERVAL BETWEEN ONSET AND DEATH: 6 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)

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 7-25-59 to 1-19-63 and last saw her/him alive on 1-19-63
Death occurred at 10:06 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Charles Lorberg MD

22b. ADDRESS: Cape Girardeau, Mo.

22c. DATE SIGNED: 1-21-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1/22/63

23c. NAME OF CEMETERY OR CREMATORY: Hobbs Chapel Cemetery

23d. LOCATION (City, town, or county) (State): Cape Girardeau, Mo.

24. FUNERAL DIRECTOR ADDRESS: C. J. Lorberg Cape Girardeau, Mo.

25. DATE RECD. BY LOCAL REG.: 1-22-1963

26. REGISTRAR'S SIGNATURE: Irene Koerner

(Licensed Embalmer's Statement on Reverse Side)

FEB 13 1963

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 C. J. Lorberg

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, Mo.

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.

This certificate taken to Doctor 1/19/63

Certificate received from doctor 1/22/63