

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Boonville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Alexian Ravensway Hospital
(If not in hospital or institution, write street number or location) 3/16-1948
(d) Length of stay: In hospital or institution
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 71
(c) City or town Versailles, Mo. 1
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mr. Richard Colton

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex M 5. Color or race W.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Sarah Francis Colton 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Sept 6 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 7 13 hr. min.

9. Birthplace Mulberry ARK.
(City, town, or county) (State or foreign country)

10. Usual occupation Fanner

11. Industry or business Fanner

12. Name Samuel Colton

13. Birthplace No Record. 9
(City, town, or county) (State or foreign country)

14. Maiden name Mary Hendrick 9

15. Birthplace Not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records

(b) Address Boonville, Mo.

17. (a) Removal (b) Date thereof 3/19/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Versailles, Mo.

18. (a) Signature of funeral director Stegner

(b) Address Boonville, Mo.

19. (a) 3-19-48 (b) Stegner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th
year 1948 hour 5:00 minute 0 A.M.

21. I hereby certify that I attended the deceased from March 17
....., 1948 to March 19, 1948
that I last saw him alive on March 18, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebra 1 year
Duration

Due to Isostolic hypertensive and related lesions

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: Suprapubic 97
Of operations: Cephalocele 13
Of autopsy: None 13

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature Alexander (M. D. or other) 0

Address Boonville, Mo. Date signed 3-19-48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 3-24-48

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.....

Fred W. Harris
working under my personal supervision.

Registered Apprentice No. *476*

Signed..... *James W. Stegner*

Licensed Embalmer No. *23780*

P. O. Address..... *Bronville, 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 this body is not embalmed, fact should be so stated above.