FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

33520

State File No.

FILED OCT 21 1948

Registration District No. 1 Primary Registration District No. 3043 Registrar's No. 322

1. PLACE OF DEATH:
(a) County: Marion
(b) City or town: Hannibal (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Levering Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10/4/48 (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Ralls 64
(c) City or town: Hannibal 3 (If outside city or town limits, write "RURAL") 4
(d) Street No.: 3901 Market (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Hiram Norton Colborn
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: November 18, 1855 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
92	10	21	hr. min.

9. Birthplace: Ralls County Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: Retired

FATHER
12. Name: Aaron C Colborn
13. Birthplace: Missouri 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Susan Taylor
15. Birthplace: Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant: W.R.Harding
(b) Address: 3901 Hannibal Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/11/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mount Olivet
18. (a) Signature of funeral director: W. M. Smith
(b) Address: 902 Broadway Hannibal Mo.
19. (a) 10-12-48 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature) 184

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9 year 1948 hour 7 minute 45 A. M.
21. I hereby certify that I attended the deceased from Oct 3, 1948, to Oct 9, 1948, that I last saw him alive on Oct 8, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pancreatitis	
Due to: Gall	
Due to: Senility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: none	
Of autopsy: no	

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): Accident 119
(b) Date of occurrence: Oct 3-48
(c) Where did injury occur? Hannibal Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place) 0
While at work? no (e) Means of injury
23. Signature: J. C. Whittaker (M. D.)
Address: Hannibal Mo Date signed Oct 4 48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed John S. Ward

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.