

FILED DEC 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36877
Registrar's No. 1049

BIRTH NO. 27819-49 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>GREENE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) -OR TOWN <u>Springfield Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1906 Benton Ave.</u>		d. STREET ADDRESS (If rural, give location) <u>1906 N. BENTON</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James Newton</u> b. (Middle) <u>Colvard</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 29 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	
8. DATE OF BIRTH <u>Feb. 18 1949</u>		9. AGE (In years last birthday) <u>9</u>		IF UNDER 1 YEAR Day <u>11</u> Hours <u>2</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (State or foreign country) <u>Springfield MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Edgar Colvard</u>		13b. MOTHER'S MAIDEN NAME <u>FREDA BARKER</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
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15. WAS DECEASED EVER IN ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Edgar Colvard 1906 BENTON SPRINGFIELD MO.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from 11-28-1949 to 11-29-1949, that I last saw the deceased alive on 11-29-1949, and that death occurred at 7:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. Kelly M.D.</u>		23b. ADDRESS <u>Springfield Mo.</u>		23c. DATE SIGNED <u>12-1-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 1 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Belleview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>12-2-49</u>		REGISTRAR'S SIGNATURE <u>W.F. Handley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.C. Foxling</u>		ADDRESS <u>Springfield Mo.</u>	
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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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Ogle Stone Jr.

Licensed Embalmer No.

4176

P. O. Address.....

Springfield

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.