

FILED JAN 30 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **1514**

BIRTH NO. _____		REG. DIST. NO. 56	PRIMARY REG. DIST. NO. 2104	Registrar's No. 6
1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. LENGTH OF STAY (in this place) 45 Yrs	c. CITY (If outside corporate limits, write RURAL and give township) Joplin	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 606 Florida		
3. NAME OF DECEASED (Type or Print) a. (First) Jamesy		b. (Middle) Washington		c. (Last) Colyer
4. DATE OF DEATH (Month) (Day) (Year) Jan 2, 1950		5. SEX Male		
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept 15, 1874
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months 3 Days 18		IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (State or foreign country) West Plains, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Jerry Colyer		
13b. MOTHER'S MAIDEN NAME Charlotte Grimmet		14. NAME OF HUSBAND OR WIFE Martha E. Colyer		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Martha Colyer, 606 Florida Joplin, Mo.
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio Vasculay DUE TO (c) Hypertensive heart II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 2 hrs 4201
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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 Nov 11, 1947 to Jan 2, 1950 that I last saw the deceased alive on Jan 2, 1950 and that death occurred at 11:30 a.m. , from the causes and on the date stated above.				
23a. SIGNATURE Jamesy Colyer		23b. ADDRESS 708 Grace Joplin		23c. DATE SIGNED Jan 2-50
24a. BURIAL, CREMATION REMOVAL Burial		24b. DATE 1-3-1950		24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial
24d. LOCATION (City, town, or county) (State) Joplin, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker-Hunsaker Mortuary Joplin, Mo.		
DATE REC'D BY LOCAL REG. 1-7-50		REGISTRAR'S SIGNATURE Jamesy Colyer		

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

RECEIVED 1-17-50

Jasper County Health Office

County File Number 50-1-16

Date Filed 1-24-50

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 Student Embalmer

Signed L. M. Jones

Licensed Embalmer No. 2319

P. O. Address Goplin, 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.