No. 300
10-48

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

FILED MAR 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5835

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6034 Registrar's No. 100

1. PLACE OF DEATH
a. COUNTY: Ripley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural. Harris township
c. LENGTH OF STAY (in this place): 31 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 10 miles South of Doniphan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ripley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural. Harris township
d. STREET ADDRESS (If rural, give location): 10 miles South of Doniphan

8911

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): G
c. (Last): COLLEY

4. DATE OF DEATH (Month) (Day) (Year): 2-21-1950

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 2-7-1876
9. AGE (In years last birthday): 74 — If under 1 year: Months 0, Days 14; If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John C. Colley
13b. MOTHER'S MAIDEN NAME: Jane Williams
14. NAME OF HUSBAND OR WIFE: Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: R. L. Colley — **ADDRESS**: Rt 1. Doniphan, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES

Morbid 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.

None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1948, *to* 2-21, 1950, *that I last saw the deceased alive on* Jan. 18, 1950, *and that death occurred at* 2:35 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Frank C. Johnson (Degree or title): M.D.
23b. ADDRESS: Doniphan, Mo
23c. DATE SIGNED: 2/25/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-23-1950
24c. NAME OF CEMETERY OR CREMATORY: New Hope Cemetery
24d. LOCATION (City, town, or county) (State): Ripley County Mo

DATE REC'D BY LOCAL REG.: 2-28-50
REGISTRAR'S SIGNATURE: E. W. Johnston 277
25. FUNERAL DIRECTOR'S SIGNATURE: L W Edwards **ADDRESS**: Doniphan Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAR 1 7 1950

RECEIVED 3-8-50
District Health Officer No. 5,
District File Number 3-50-160
Date Filed 3-10-50

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.

Signed Carl B Bird

Signed .....
Student Embalmer

Licensed Embalmer No. 4306

P. O. Address Doniphan, 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.