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FILED SEP 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27467

State File No.

BIRTH NO. REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 3048 Registrar's No. 130

1. PLACE OF DEATH
a. COUNTY: Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chillicothe
c. LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 60 Cherry St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Livingston
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chillicothe 0542
d. STREET ADDRESS (If rural, give location): 60 Cherry St

3. NAME OF DECEASED (Type or Print)
a. (First): CATHERINE
b. (Middle): ELLEN
c. (Last): COLBY

4. DATE OF DEATH (Month) (Day) (Year): July 1, 1950

5. SEX: Fe l
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2.
8. DATE OF BIRTH: March 26, 1870
9. AGE (If years last birthday): 80 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Unknown 9
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Bruce Traughber
13b. MOTHER'S MAIDEN NAME: Amanda Robinson
14. NAME OF HUSBAND OR WIFE: W. D. Colby

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: Dr. Buford Colby, ADDRESS: Hale Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Cerebral hemorrhage — 2 yrs

DUE TO (c): Unknown — 352X

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Chronic Interstitial nephritis

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* June 1, 1947, *to* July 1, 1950, *that I last saw the deceased alive on* June 27, 1950 *and that death occurred at* 4:00 m., *from the causes and on the date stated above.*

23a. SIGNATURE: Clance McGee MD (Degree or title)
23b. ADDRESS: Chillicothe Mo.
23c. DATE SIGNED: July 3-1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-3-50
24c. NAME OF CEMETERY OR CREMATORY: Antioch Cem.
24d. LOCATION (City, town, or county) (State): Carroll County Mo

DATE REC'D BY LOCAL REG.: July 3-50
REGISTRAR'S SIGNATURE: Francis B Neill
25. FUNERAL DIRECTOR'S SIGNATURE: Handley & Gibson
ADDRESS: Carrollton Mo

(Licensed Embalmer's Statement on Reverse Side)

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

M. Larner, Mo. Vital

RECEIVED
JUL 17 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed Elton Norman

Signed.....
Student Embalmer

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.