

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41373

State File No. ....

FILED DEC 27 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 177 PRIMARY REG. DIST. NO. 3003 Registrar's No. 82

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

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u>		c. LENGTH OF STAY (in this place) <u>22 years</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>806-12th St</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u>	
		d. STREET ADDRESS (If rural, give location) <u>806-12th St.</u>	

3. NAME OF DECEASED (Type or Print) <u>BERTHA COLVILLE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 28 1950</u>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 28 1902</u>	9. AGE (In years last birthday) <u>48</u>	# UNDER 1 YEAR Months <u>3</u>	# UNDER 1 YEAR Days <u>0</u>	# UNDER 1 YEAR Hours <u></u>	# UNDER 1 YEAR Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS, OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Rogers Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Boone Fields</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Chancellor</u>	14. NAME OF HUSBAND OR WIFE <u>Homer Colville</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Homer Colville</u>	ADDRESS <u>Monett Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma</u>		
	ANTECEDENT CAUSES		
	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Surgical Removal of Left Breast in November, 1949. Extensive Metastasis since.</u>		
	DUE TO (c) <u></u>		
	II. OTHER SIGNIFICANT CONDITIONS		
	Conditions contributing to the death but not related to the disease or condition causing death.		<u>170X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Monett Lawrence Missouri</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 6-27, 1950, to 11-28, 1950, that I last saw the deceased alive on 11-25, 1950, and that death occurred at 7-0 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. E. Williams D.O.</u>	23b. ADDRESS <u>504 1/2 Broadway - Monett</u>	23c. DATE SIGNED <u>11-29-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 30 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>DOOF</u>	24d. LOCATION (City, town, or county) (State) <u>Monett Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11-30-50</u>	REGISTRAR'S SIGNATURE <u>W. M. West</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>160 Mercer Funeral Home - Monett Mo</u>	ADDRESS
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DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED DEC 14 1950

Dist. File 1250-2494

Date Filed 12-20-50

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Ray A Mercer*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4432

P. O. Address Monett, 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.