

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10. 48

FILED FEB 13 1952

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 38

972

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

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Saline</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u> | c. LENGTH OF STAY (In this place) <u>2 yrs</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u> <u>1972</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>69 S. Benton</u> | | d. STREET ADDRESS (If rural, give location) <u>69 S. Benton</u> <u>0</u> | |

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|-------------------------------------|--------------------------|---------------------------|--------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>ROBERT</u> | b. (Middle) <u>NEWTON</u> | c. (Last) <u>COLVERT</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 6, 1952</u> |
|-------------------------------------|--------------------------|---------------------------|--------------------------|---|

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|--------------------|-------------------------------|---|--------------------------------------|---|------------------------|------------------------|------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Dec. 7, 1881</u> | 9. AGE (In years last birthday) <u>70</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | Min. |
|--------------------|-------------------------------|---|--------------------------------------|---|------------------------|------------------------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u> | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
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|---|---|-----------------------------------|
| 13a. FATHER'S NAME <u>Enoch Colvert</u> | 13b. MOTHER'S MAIDEN NAME <u>Elsie T. Riplett</u> | 14. NAME OF HUSBAND OR WIFE _____ |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____ | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Cecil L. Colvert</u> ADDRESS <u>Marshall 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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>5 hrs</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> | | |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>331X</u> | 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) _____ |
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| | | |
|---|--|----------------------------------|
| 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? _____ |
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22. I hereby certify that I attended the deceased from _____, 1948, to 2-6, 1952, that I last saw the deceased alive on 2-6-, 1952, and that death occurred at 9:20 A.M., from the causes and on the date stated above.

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|---|---------------------------------|--------------------------------|
| 23a. SIGNATURE <u>C. F. Warren D.O.</u> (Degree or title) | 23b. ADDRESS <u>Marshall Mo</u> | 23c. DATE SIGNED <u>2/6/52</u> |
|---|---------------------------------|--------------------------------|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Feb. 8, 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park</u> | 24d. LOCATION (City, town, or county) (State) <u>Marshall Mo</u> |
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| DATE REC'D BY LOCAL REG. <u>Feb 6 1952</u> | REGISTRAR'S SIGNATURE <u>Widney J. Gray</u> <u>385</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry Hershberger</u> ADDRESS <u>Marshall Mo</u> |
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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

Joseph R. Mackler

Licensed Embalmer No. *4571*

P. O. Address *Marshall, Me*

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.