S. No. 300
EV. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9234

FILED MAR 24 1952 REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 31

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Neosho
c. LENGTH OF STAY (in this place): 16 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sale Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Newton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Neosho, 173 2
d. STREET ADDRESS (If rural, give location): 413 So. Ripley St.

3. NAME OF DECEASED (Type or Print)
a. (First): Howard
b. (Middle): E.
c. (Last): Colville

4. DATE OF DEATH (Month) (Day) (Year): March 16 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, ~~NEVER MARRIED~~, ~~WIDOWED~~, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: Feb 15 1917
9. AGE (In years last birthday): 35 — If under 1 year: Months 1, Days 1 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mgr. Carnation Milk Plant
10b. KIND OF BUSINESS OR INDUSTRY: Milk Industry
11. BIRTHPLACE (State or foreign country): Rogers Ark.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: UNKNOWN
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: Irene Colville

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.: —
17. INFORMANT'S SIGNATURE OR NAME: Irene Colville — **ADDRESS**: Neosho, 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 Embolus

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Multiple Fractured Ribs and
DUE TO (c) Hemopneumothorax

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: N/A
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Anderson McDonald Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Mar 1 1952 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Car accident

22. *I hereby certify that I attended the deceased from* Mar 1, 1952, *to* Mar 16, 1952, *that I last saw the deceased alive on* Mar 16, 1952, *and that death occurred at* 1:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title) O.
23b. ADDRESS: Neosho, Mo
23c. DATE SIGNED: Mar 17 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar 19-52
24c. NAME OF CEMETERY OR CREMATORY: Rogers Cemetery
24d. LOCATION (City, town, or county) (State): Rogers, Arkansas

DATE REC'D BY LOCAL REG.: 3-17-52
REGISTRAR'S SIGNATURE: Milton C. Bowman M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Clark-Bigham Mort. — **ADDRESS**: Neosho, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

APR 1 1953

MAR 30 1953

Officer No. 352-46

3-22-52

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 H. D. Gibson

Licensed Embalmer No. 4871

P. O. Address Neosho, 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.