

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **27007**

S. No. 300
v. 10-48

FILED AUG 25 1952

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3009</u>		Registrar's No. <u>288</u>	
I. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission)			
a. COUNTY <u>Adair</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Winkville</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Randolph</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Winkville</u>		c. LENGTH OF STAY (In this place) <u>1 week</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>1825</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>630 North Ault 1</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
a. (First) <u>ORETHA</u>		b. (Middle) <u>MAE</u>		c. (Last) <u>COLO</u>		Date (Month) (Day) (Year) <u>Aug-17-1952</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec-3-1922</u>	
9. AGE (In years, last birthday) <u>29</u>		10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Cairo Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John H. Bowden</u>		13b. MOTHER'S MAIDEN NAME <u>Alta Patrick</u>		14. NAME OF HUSBAND OR WIFE <u>Leno Colo</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-18-0360</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Leno Colo Moberly Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION			
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3-5 hours</u> <u>8 ± years</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Tuberculosis</u>			
				DUE TO (c)			
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>002 X</u>			
19a. DATE OF OPERATION <u>8-9-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Widespread advanced Tuberculosis Right lung.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>A.M.</u>			
22. I hereby certify that I attended the deceased from <u>7-6-52</u>, 19<u>52</u>, to <u>8-17-52</u>, 19<u>52</u>, that I last saw the deceased alive on <u>8-17-52</u>, 19<u>52</u>, and that death occurred at <u>1135</u> <u>A.M.</u>, from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title)				23b. ADDRESS <u>2 Winkville Mo</u>		23c. DATE SIGNED <u>8-18-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>Aug-20-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-19-52</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Snow Funeral Home Moberly Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 13 1958

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 _____

R. M. Carter

Licensed Embalmer No. _____

P. O. Address _____

4117

Wheeler Mrs.

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.