

FILED FEB 3 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2960

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 0849

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. - If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis 2259	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If rural, give location) 25 1428 A. Cass Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Richard b. (Middle) Daniel c. (Last) Colley		4. DATE OF DEATH (Month) (Day) (Year) 1/21/53	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May, 31, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY ---	9. AGE (In years last birthday) 68
		11. BIRTHPLACE (City and State or Foreign Country) Greenwood, Mississippi	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Otis Colley		13b. MOTHER'S MAIDEN NAME Martha ?	14. NAME OF HUSBAND OR WIFE Minnie Colley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Minnie Colley ADDRESS 1428 A. Cass Ave.
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary congestion & Hypostatic pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic ulcerative colitis DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 1/19/53		19b. MAJOR FINDINGS OF OPERATION Abdominoperineal resection	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? 5722	
22. I hereby certify that I attended the deceased from Dec. 26, 1953, to Jan. 21, 1953, that I last saw the deceased alive on Jan. 21, 1953, and that death occurred at 11:25pm., from the causes and on the date stated above.			
23a. SIGNATURE E. P. McMillan, M.D.		23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 1/22/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Jan. 26, 1953	24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, County, Mo.
DATE REC'D BY LOCAL REG. JAN 26 1953		25. FUNERAL DIRECTOR'S SIGNATURE B. K. Koonce ADDRESS 1221 N. Grand Blvd.	

(Licensed Embalmer's Statement on Reverse Side)

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

1668

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

*Guyton Swan*

Licensed Embalmer No.

4580

P. O. Address

1221 7/Grand Blv

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.