

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 23 1953

 BIRTH NO. 137130 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cape Gir.</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau</b> <u>0164</u>	
c. LENGTH OF STAY (In this place) <b>27 days</b>		d. STREET ADDRESS (If rural, give location) <b>Pecan St. (Smeltonville)</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Cape Osteopathic Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Chester</b> b. (Middle) <b>Eugene</b> c. (Last) <b>Colon</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 12, 1953</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Col.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>-----</b>	
8. DATE OF BIRTH <b>Feb. 13, 1953</b>		9. AGE (In years last birthday) <b>---</b>		IF UNDER 1 YEAR Months <b>27</b> Days <b>---</b> Hours <b>---</b> Min. <b>---</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>-----</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-----</b>		11. BIRTHPLACE (State or foreign country) <b>Cape Girardeau, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Jesse Colon</b>		13b. MOTHER'S MAIDEN NAME <b>Lenetta Mosley</b>		14. NAME OF HUSBAND OR WIFE <b>-----</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>-----</b>		16. SOCIAL SECURITY NO. <b>-----</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Lenetta Colon, Cape Gir.</b> ADDRESS <b>Pecan St. Mo.</b>	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Medullary Paralysis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <b>Increased intracranial pressure</b> <b>x internal hydrocephalus</b> DUE TO (c) <b>Spina bifida</b>		INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>751x</b>		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) (Min.)		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 <u>Feb 13</u> , 19 <u>53</u> , to <u>March 12</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>March 11</u> , 19 <u>53</u> , and that death occurred at <u>8:00 AM</u> , from the causes and on the date stated above.					

23a. SIGNATURE (Degree or title) <b>George W. England, M.D.</b>		23b. ADDRESS <b>46 N. Main Cape Girardeau</b>		23c. DATE SIGNED <b>March 14, 1953</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Mar. 12, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fairmont Cemetery</b>	
		24d. LOCATION (City, town, or county) (State) <b>Cape Girardeau, Mo.</b>			

DATE REC'D BY LOCAL REG. <b>3-17-53</b>		REGISTRAR'S SIGNATURE <b>C. C. Summers</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>F. J. Sparks</b> ADDRESS <b>Cape Gir., Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

**STATEMENT BY LICENSED EMBALMER**

*Not Embalmed*

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 \_\_\_\_\_

Signed.....  
Student Embalmer

Licensed Embalmer No. ....

P. O. Address \_\_\_\_\_

**Note: This 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.

*Not Embalmed*