

FILED MAY 1 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14102**
2006

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				
a. COUNTY Jackson		a. STATE Missouri		b. COUNTY Boone				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (If in this place) 9 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		- 0100		
d. FULL NAME OF HOSPITAL OR INSTITUTION 3510 Woodland				f. STREET ADDRESS (If rural, give location) R. F. D. #4				
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)					
a. (First) Jess	b. (Middle) Garland		c. (Last) Colvin			April 14, 1953		
5. SEX M. O	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 10 1880		9. AGE (In years last birthday) 73	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 3 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (City and State or Foreign Country) Boone Co. Mo. O		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Mantles Colvin			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Lena N. Colvin			
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. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lena N. Colvin, Columbia Mo.				
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Failure								
ANTECEDENT CAUSES				DUE TO (b) Hyopneumonia				
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) Cerebral apoplexy				
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. senility				334X
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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?				
22. I hereby certify that I attended the deceased from April 4, 1953 , to April 13, 1953 that I last saw the deceased alive on April 13, 1953 and that death occurred at 6 A m. , from the causes and on the date stated above.								
23a. SIGNATURE James C. Griffin, Jr. (Date or title) 50					23b. ADDRESS 3833 Paces Corn		23c. DATE SIGNED 4/14/53	
24a. (RURAL CREMATION REMOVAL) burial		24b. DATE 4/16/53	24c. NAME OF CEMETERY OR CREMATORY Nashville		24d. LOCATION (City, town, or county) (State) Columbia, Mo.			
DATE REC'D BY LOCAL REG. 4-15-53		REGISTRAR'S SIGNATURE Geraldine Smith			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Willott Funeral Home, Columbia Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

M. H. Jones

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 _____

Lyman Sprinkle

Licensed Embalmer No. *4013*

P. O. Address *Columbia*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.