

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20948**

FILED JUN 20 1953

BIRTH NO. _____ REG. DIST. NO. **35** PRIMARY REG. DIST. NO. **3011** Registrar's No. **56**

1. PLACE OF DEATH a. COUNTY CARROLL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give township) CARROLLTON		c. CITY (If outside corporate limits, write RURAL and give township) Hale Mo	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) 0170 D	
d. FULL NAME OF HOSPITAL OR INSTITUTION ATWOOD HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) BUFORD b. (Middle) MONROE c. (Last) COLBY		4. DATE OF DEATH (Month) (Day) (Year) June 15 1953	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAR. 14 1889
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician		9b. AGE (In years last birthday) 64 Months 3 Days 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) ROADS MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME W^m D. COLBY		13b. MOTHER'S MAIDEN NAME MARY ELLEN TRAUBER		14. NAME OF HUSBAND OR WIFE ALICE MOLONY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alice Molony Colby Hale Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 months	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____			
		DUE TO (c) _____			
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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 332x	
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 ~~March 22~~ **June 15**, 1953, to **June 15**, 1953, that I last saw the deceased alive on **June 5**, 1953, and that death occurred at **4:55 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE John H. Platz (Degree or title) M.D.		23b. ADDRESS Carrollton		23c. DATE SIGNED 6/16/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE June 17-1953		24c. NAME OF CEMETERY OR CREMATORY Smith Cemetery		24d. LOCATION (City, town, or county) (State) near Maudsville Mo.	
DATE REC'D BY LOCAL REG. 6/16/53		REGISTRAR'S SIGNATURE Max Herbert Calvert		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS S. H. Ripard Mendon			

(Licensed Embalmer's Statement on Reverse Side) **Slater Funeral Home, Hale Mo.**

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

3.300

710

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, ~~and by~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

S. L. Leonard

Licensed Embalmer No. *3970*

P. O. Address *Mendon Ma*

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.