

FILED AUG 11 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24070

State File No.

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 264

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. LENGTH OF STAY (in this place) <u>13</u> year		c. CITY OR TOWN <u>Sedalia</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #1</u>				e. STREET ADDRESS (If rural, give location) <u>16th & Marshall 0804</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clifford W.</u> b. (Middle) <u>Colvin</u> c. (Last)			4. DATE OF DEATH (Month) <u>Aug</u> (Day) <u>2</u> (Year) <u>1953</u>						
5. SEX <u>male</u> 0	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan. 27 1903</u>		9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist helper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo, Pacific R.R.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Iberia, Missouri 0</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>William Colvin</u>			13b. MOTHER'S MAIDEN NAME <u>Augusta Livingston</u>			14. NAME OF HUSBAND OR WIFE <u>Sophia Colvin</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hospital records, Fulton, Mo</u>					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malnutrition</u> ANTECEDENT CAUSES DUE TO (b) <u>Psychosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Leutic Meningo-Encephalitis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>025X</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) m.		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>July 30</u> , 19 <u>53</u> , to <u>Aug 2</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Aug 2</u> , 19 <u>53</u> , and that death occurred at <u>12 noon</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>State Hospital #1</u>			23c. DATE SIGNED <u>Aug 2 1953</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Aug 6, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia MO</u>				
DATE REC'D BY LOCAL REG. <u>Aug 2-1953</u>		REGISTRAR'S SIGNATURE <u>Maritta Lawrence 426</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph E. Baker</u>		ADDRESS <u>Sedalia Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

AUG 20 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Ralph E Baker*

Licensed Embalmer No... 2

P. O. Address *Indala*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.