

FILED NOV 2 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36950

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6045 Registrar's No. 367

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Farmington Rural St. Francois</u>		c. LENGTH OF STAY (In this place) <u>10Y;9M;27D</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blodgett</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Hospital No. 4</u>			d. STREET ADDRESS (If rural, give location) <u>Unknown</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>		b. (Middle) <u>NATHAN</u>	c. (Last) <u>COLLEY (COLLY)</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 27, 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Abt. 1880</u>	9. AGE (In years) (has birthday) <u>Abt. 73</u>	IF UNDER 1 YEAR Months Days Hours Mts.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming and common labor.</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Blodgett, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Nathan Marshall Colly</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Jennings</u>	14. NAME OF HUSBAND OR WIFE <u>Mary E.</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>Records, State Hospital No. 4, Farmington, 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, atherosclerosis, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar pneumonia, right lower - - - - -</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 das.</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>Psychosis with cerebral arteriosclerosis and chronic alcoholism.</u>		
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., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		<u>490X</u>	
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 <u>February 19 50</u> , to <u>October 27 53</u> , that I last saw the deceased alive on <u>October 27, 19 53</u> , and that death occurred at <u>6:15 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>John C. Brennan, M.D.</u>		(Degree or title)	23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>		23c. DATE SIGNED <u>10-28-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 29, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sikeston Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sikeston, Mo.</u>		
DATE RECD BY LOCAL REG. <u>Oct. 28, 1953</u>	REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Welsh Funeral Home, Sikeston, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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

Paul K. Deagal

Licensed Embalmer No. 4170

P. O. Address Farmington, Vt.

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.