

FILED FEB 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2014

State File No.

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Phelps</u> <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Georgia</u> b. COUNTY <u>Fulton</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rolla</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>	c. CITY OR TOWN <u>S. E. Atlanta</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Phelps County Hospital</u>		f. STREET ADDRESS (If rural, give location) <u>884 Confederate Court</u> <u>8100g</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ruben</u> b. (Middle) <u>(None)</u> c. (Last) <u>Colley</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>January 31, 1955</u>
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5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>19 April 1929</u>	9. AGE (In years last birthday) <u>25</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>US Army</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Soldier</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Athens, Georgia</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Alvin P. Colley (Deceased)</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown (Deceased)</u>	14. NAME OF HUSBAND OR WIFE <u>Juanita H. Colley</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>2 April 52 to date Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ROBERT STALEY</u>	ADDRESS <u>US Army Hospital, Ft Leonard Wood, Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Maceration of spinal cord at level of 4th, 5th and 6th cervical vertebrae</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>Comminuted fracture, dislocation of 4th, 5th and 6th cervical vertebrae</u>		
	DUE TO (c) <u>Severe edema of brain</u>		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

19a. DATE OF OPERATION - - -	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 72</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Salem Dent 33 Missouri</u>
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21d. TIME OF INJURY <u>Jan 29, 1955 6:00p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto accident</u>
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22. I hereby certify that I ^{saw} ~~observed~~ the deceased 00-31 January 1955 and that death occurred at 10:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert C. Boyd, Captain, MC</u>	23b. ADDRESS <u>US Army Hospital Fort Leonard Wood, Missouri</u>	23c. DATE SIGNED <u>31 Jan 55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2/2/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>	24d. LOCATION (City, town, or county) (State) <u>Atlanta Georgia</u>
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DATE REC'D BY LOCAL REG. <u>Feb. 2, 1955</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Stoeckel</u>	300- <u>300</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter P. Hedger</u>	ADDRESS <u>Missouri</u>
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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.....
Signature of Student Embalmer

Signed... *Clarence F. Moss*

Licensed Embalmer No. *489*

P. O. Address *Waynesville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.